

**Record of Student Service Learning  
Ballenger Creek Middle School**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

**Step 1:** Come up with a project idea & fill out Section I—Please complete a form for each *different* project.

**Step 2:** Bring to Ms. Carey so she can approve the project.

**Step 3: Plan and complete your project!** Don't forget to track your hours!!

**Step 4:** When the project is DONE, fill out Section II & get your project supervisor to sign it.

**Step 5:** Return the entire completed form to Ms. Carey. She will total your hours and send them on to the high school when you enter 9<sup>th</sup> grade! Please ask her for a copy if you'd like one for your records.

. Questions? Call Ms. Carey at 240-236-5713 or send her an email at [emily.carey@fcps.org](mailto:emily.carey@fcps.org).

**Section I: Description of Planned Service Activity**

*Please complete this section and submit to Ms. Carey for approval BEFORE beginning your hours.*

What is your service learning project? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why did you select this project?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you think this project will help your community? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who is supervising this project? \_\_\_\_\_ Phone # or Email: \_\_\_\_\_

***Per MSDE guidelines, the project supervisor CANNOT be a family member!!***

Pre-approved Signature: \_\_\_\_\_  
Emily Carey, BCMS SSL Coordinator

\_\_\_\_\_ Date

Please attach an additional sheet, if necessary.

<b><u>Dates of Service:</u></b>	<b><u>Total Hours Completed Per Date:</u></b>	<b><u>Site Supervisor's Signature</u></b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**TOTAL HOURS FOR THIS ACTIVITY:** \_\_\_\_\_

*Please complete project plans & reflections on page two.*

## Section II: Preparation & Reflections

Preparation: What did you do to prepare for your project?

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Action: Briefly list and describe the steps that you took to complete this project.

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Reflections: What did you accomplish or learn from this service experience? How did this service experience impact your life and the lives of others?

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Mentor or Site Coordinator Feedback:

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\_\_\_\_\_  
Project Supervisor's Signature

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Project Supervisor's Title (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Project Supervisor's Telephone #

*Supporting materials (fliers, brochures, etc.) should be stapled to this page. Please turn in all completed documentation to Ms. Carey in the Counseling Office.*