Hartford Magnet Trinity College Academy
Service Learning Form

Student Name _____ **Student ID #** _____

Grade: _____ **Adv Room:** _____ **Adv Teacher(s):** _____

Name of the charity/group/organization you worked for: _____

Name of the Project/Service Learning Supervisor: _____

Supervisor Contact Number: _____

Signature of Supervisor: _____ **Date signed** _____

Date	Service Learning Project Description Service Provided – What did you do?	Hours Completed	Supervisors Initials
TOTAL HOURS COMPLETED = _____			

Explain your service learning activity. What did you do? Who did you help? What did you learn while helping others and how did your work benefit the community? How did this experience make you feel?

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For STAFF ONLY

Approved ☐ Date: _____Staff Initials _____ Denied ☐ Date: _____Staff Initials _____

Comments: _____ Date Entered: _____