



Sunrise Middle School
Montessori Magnet Program
Service Learning

Student Name _____ Grade ____ Total hours _____

Date ____ Time In ____ Time Out ____ Total Hours ____ Signature _____

Activity done _____

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Dear Student,

Please check that the items below have been completed before turning your service learning form in to your teacher. Remember this is a graded activity. Thanks.

Student Checklist:

- _____ Form has name filled out and total hours completed (5.0 per quarter)
- _____ Form signed by adult supervising activity
- _____ Reflection has been included



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