



**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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Activity done _____

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Activity done _____

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

Activity done _____

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