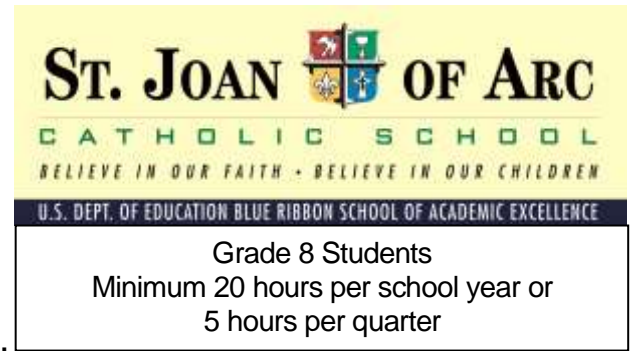


COMMUNITY SERVICE LEARNING PROJECTS SUMMARY OF VOLUNTEER TIME (Grade 8)



STUDENT'S NAME: _____

CLASS/HOMEROOM: _____

Please return this form to your child's teacher by _____

Please list completed Community Service Learning Projects for the above student.

Date begun - completed	Time spent on this Project	Description of the Project	Signature and Title of Advisor/Facilitator of Project

What did you learn from this Community Service Project?

Parent Signature: _____

<i>FOR TEACHER USE:</i>			
QTR 1	QTR 2	QTR 3	QTR 4