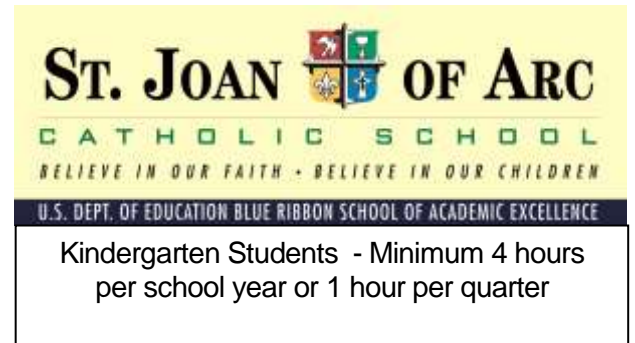


# COMMUNITY SERVICE LEARNING PROJECTS SUMMARY OF VOLUNTEER TIME (Kindergarten)



**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: \_\_\_\_\_

**FOR TEACHER USE:**

QTR 1	QTR 2	QTR 3	QTR 4
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