

COMMUNITY SERVICE PROJECT

STUDENT NAME: _____ **GRADE:** _____
QUARTER: (circle one) 1st 2nd 3rd 4th **LEVEL:** regular honors

PREAPPROVAL:

Project location: _____

Project description (What will you be doing?): _____

Teacher Signature: _____ Date: _____
(signature indicates approval)

SERVICE HOURS VERIFICATION:

Location/Organization: _____

Date(s) Service Performed: _____

Time(s): _____ Total Hours: _____

Work Description (What did you do?): _____

Verification Signature: _____

(Print Name and Title/Position): _____

TO BE COMPLETED BY TEACHER:

Points Awarded: _____ % Grade: _____

Explanation of Any Point Reduction: _____
