

Calvin Christian School

JH Service Learning Record of Hours for school year _____ Student Name _____ Homeroom _____
 (Submit this sheet to the homeroom teacher when 10 hrs have been completed and recorded on this sheet.)

	Date	Place / Organization	Type of Service	Activity	Hours	Supervisor Contact Phone Number	Supervisor Signature	Discussion / Project
1								
2								
3								
4								
5								
6								
7								
8								
9								

3 Types of Service Categories (2 hour minimum in each type)	Hours		
1. Community related			
2. Church related		TOTAL HOURS	
3. Home and/or School related		FINAL GRADE	

When service-learning hours are completed please schedule a time with your homeroom teacher for your discussion and evaluation. Upon completion of the required number of hours, the discussion time, and a satisfactory evaluation, a passing grade (P) will be placed on the final student report card. Failure to complete the minimum number of hours or the discussion time will result in a grade of (F) on the report card.