



Service Learning Documentation De Pere High School

Student Section

Last Name First Name M.I. Grade School Year

Description of Service Learning Activity: _____

Date(s) of Service Learning Activity:

Total Time: _____ (List in hours/minutes) Ex. 5 hours 35 minutes

What did you gain/learn from this experience, and how will it influence your life in the future?

Supervisor's Section

Service Learning Activity Sponsor: _____

Supervisor's Signature: _____ Date _____

Telephone Number: _____

“Make a difference in your life and the lives of others.”