



Roosevelt High School

Service Learning Agreement

*(A total of 60 hours of Service Learning
is required for graduation)*

12/9/02

Student Information

Student Name _____ Student ID # _____

Home Address _____ Home Phone _____

_____ Grade _____

Student Signature _____

Parent Signature _____

Organizational Information – *to be completed by the student*

Organization _____ Department _____

Address _____ City/State/Zip _____

Contact _____ Phone _____

Starting Date _____ Ending Date _____ Total hours for this experience _____
m/d/year m/d/year

Description of the service _____

Verifying Information – *to be completed by the Organization*

This student has completed the following number
of hours toward fulfillment of the student service
learning requirement for high school graduation.

Number of hours of service: _____

Verified By (print) _____ Title _____

Signature _____ Phone _____

***Student must complete the reverse side and
make themselves a copy before submitting to the Counseling Office.***

RHS Office use only: Received on ___/___/___ by _____

Service Learning Reflection

1. Describe why you selected this Service Learning experience:

2. Describe the activities that you participated in during this Service Learning experience:

3. What did you learn from this Service Learning experience:

***Return this completed form to the Counseling Office.
Keep a copy for your files.***