

Individual “Service Learning” Project DeForest Area High School

This document is to be completed and submitted to the guidance office by the student as part of the “Service Learning” component of the high school graduation policy. Any questions related to a project should be directed to the grade level advisor, guidance counselor, or administrator.

Name of Student: _____ Year of Graduation: _____

Organization/Individual benefiting from Project: _____

Representative of Organization (if applicable): _____

Title of Representative: _____

Grade Level Advisor: _____

Activity Description: _____

Date(s) of Service	Hours Worked
Total Hours:	

(Maximum of 10 hours per form)

Signature of Student: _____

Signature of Organization Representative/Individual: _____

Signature of Grade Level Advisor: _____

This completed form must be submitted to the guidance office by the student.