

# SERVICE PROJECT

## Activity Response Form

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Activity Performed: \_\_\_\_\_

### Your Reflections:

- Please specify the date, time, location, other specific details and your general feelings after the activity.
- Was it an activity that was done for someone who could not have done it for themselves? How did you feel about that?
- Did this activity help you to share your gifts and talents for the betterment of others?
- Did the activity increase your thoughts about or help you realize the importance of serving others or sharing?
- Were there any strong pluses to the activity?

Parent's Signature: \_\_\_\_\_

(Please complete and return this form as soon as possible after the activity)