The Silver Cord Program
Bellevue High School
Hours from May 1, 2017 to April 30, 2018

Student: _____ Graduating Class of **20___**

Date(s) of Service: _____

Number of Hours: _____

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Completed by Supervisor! (The supervising adult who signs this form may NOT be a parent or guardian of the student completing the form.)

Supervisor (printed): _____ Phone Number: _____
Description of Duties performed by student: _____
_____

Was the student prompt?	___Yes	___No
Was the student responsible in their duties?	___Yes	___No
Was the student respectful?	___Yes	___No

Time: Start: _____ End: _____

Signature: _____ Business/Location: _____

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STUDENT: Reflect upon the activity in detail by answering the following questions. Please use the back of the sheet for answering space.

1. What did you do during the service? Describe your role in this activity.

2. Who benefited from this service activity and how did they benefit? (individuals, groups, the community in general?)

3. Describe what you got out of the project. What did you learn? What was the most memorable part of this activity?

For Office Use Only:

Date Recorded: _____ Hours Earned: _____