

Star Academy School Community Service Program Verification Form

Student Name _____ **Year of Graduation** _____

Placement of Service Activity: _____

Description of Service Activity:

Supervisor's Name/Phone email: _____

Date(s) of Activity: _____

Total Number of Hours: _____

Student Journal

Write a REFLECTIVE PARAGRAPH/JOURNAL ENTRY about your service experience. Please reflect on what you learned rather than what you did - i.e what impact did your service experience have on others? What impact did it have on you? Would you recommend this service activity to others? Why or why not?

VERIFICATION

By signing below you certify that you have performed the indicated hours of community service without compensation.

Student Signature _____ Date _____

Parent/guardian signature _____ Date _____

Please complete this form and email it to buyanskiy@staracademyboston.com