DOCUMENTATION OF SERVICE-LEARNING HOURS EARNED IN INFUSION COURSES

Subject:_____ **Grade Level:**_ **Proposed Hours:**_____

Course #:_____ (7 Digit # located on class lists, scan sheets, etc.)

Date(s) Activity was completed:_____

Essential Curriculum Indicator Match (See Lesson Plan):_____

_____

_____

_____

SL Written Project or Original Project:_____

Brief Description of Activity:_____

_____

_____

_____

Teacher Signature:_____

Students who *should not* be credited with the hours: You may either list the names (please provide the section the student attends after their name) or provide me with a copy of your class list at the time of the teaching of the class with a line through the names of students who should not get the hours.

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