

SERVICE LEARNING REFLECTION FORM

Name _____ Dates of SL _____

Site/Teacher _____ School/Location _____

1. What was the best thing that happened at your site? How did it make you feel?

2. What things do you like least about your site? What do you like best about your site?

3. What compliments have you received?

4. What have you learned about yourself and the people you are helping?

5. Have you had a problem at your site? How did you fix it?
