

4-H

Service Learning Activity Report Form

Seeds of Service

Complete this form after every service learning project.

4-H Group _____
County _____
Project _____
Date _____
Location _____

** For additional information on answering these questions, please see the helpful hints on the back

Participants: Youth _____ Adults _____

___White___ Black___ Hispanic___ Am. Indian___ Asian___ *Female*___ *Male*___ *Total*

1. Hours (total # of volunteers X # of hours) _____
2. Number of people benefitting from service _____
3. Estimated monetary value of service** _____
4. Duration of the project (start and end date of service) _____

5. Briefly describe service**

6. How did participants reflect on the service?**

7. How many participants learned from the service?** _____
What did they learn?

8. How many will use skills/knowledge gained through this service?** _____
How will they use it?

9. Discuss the project with the beneficiaries of service. How do they rate the project?

**(Circle One)

1. Not effective
2. Somewhat effective
3. Effective
4. Very Effective
5. Highly effective

10. In which of these service priority area does the project fit? (select one)

- _____ Environment
- _____ Health
- _____ Public Safety
- _____ Other Human Needs
- _____ Other

Describe or attach additional pages showing proof of your project, such as pictures, Thank-you letters, newspaper clippings, etc.