**PAXON School for Advanced Studies**

**Community Service Log**

It is **HIGHLY RECOMMENDED** that each student read the “Community Service” page of Paxon’s School Counseling department’s website (paxonguidance.weebly.com) **and** speak with a school counselor **before** beginning

**any** community service to ensure your hours will qualify.

**Printed** Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_ Student #: \_\_\_\_\_\_\_\_\_\_\_\_\_

***\_\_\_\_\_ Check here to confirm that these hours have already been pre-approved***

***\_\_\_\_\_ Check here if this is a continuation of service hours previously approved and submitted.***

***\_\_\_\_\_ (IB Students) Check here if this is also a CAS experience documented on ManageBac.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date**  **(mm/dd/yyyy)** | **Place** | **Start**  **Time** | **End**  **Time** | **Duration**  **(hours)** | **Activity** | **Verified by** |
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(make copies of this sheet as necessary to fill in your dates/hours)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Student Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Activity Supervisor’s Name Total Hours

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activity Supervisor Signature

**PAXON SCHOOL FOR ADVANCED STUDIES COUNSELOR’S USE ONLY:**

|  |  |  |
| --- | --- | --- |
| Activity: | Hours: | Counselor’s Initials:  Date: |

**PAXON School for Advanced Studies**

**Community Service Reflection Form**

**Printed** Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_ Student #: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Activity (DO NOT abbreviate or use acronyms): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**During this service experience, I was able to** (select one or more)**…:**

\_\_\_\_\_Identify my strengths and developed areas for growth

\_\_\_\_\_Develop new skills

\_\_\_\_\_Initiate and plan something

\_\_\_\_\_Show commitment and perseverance

\_\_\_\_\_Work collaboratively

\_\_\_\_\_Engage with issues of global significance

\_\_\_\_\_Recognize and consider the ethics of choices and actions

**Which learning skill(s) did you use during this community service experience** (thinking skills, communication skills, social skills, self-management skills, research skills)**?**

\_\_\_\_\_Thinking skills

\_\_\_\_\_Communication skills

\_\_\_\_\_Social skills

\_\_\_\_\_Self-Management skills

\_\_\_\_\_Research skills

**What did you learn about yourself during this service experience** (positive and/or negative)**?**

|  |
| --- |
|  |

**How did you develop one or more of the learner profile attribute(s)** (knowledgeable, principled, open-minded, reflective, balanced, inquirer, risk-taker, caring, thinker, communicator)**?**

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| --- |
|  |

Student Signature: Date: