Bridgewater-Raritan Regional School District

Bridgewater-Raritan Regional High School

Option II Credit – Service Learning Outcome Report

N.J.A.C. 6A: 8-5.1(a) 2

Student Name: _____Current Grade:_____

School Counselor:_____Date of Application:_____

Service Learning Sponsor: _____ Location:_____

Mentor:_____

Start Date: _____ End Date:_____

Credits Requested: _____

Outcome (explain in detail, attach additional sheets as necessary) – the following should be addressed in the outcome:

- What was learned- new knowledge gained
- How will the Service Learning be used by the student
- How many hours of service were provided? (attach log or time sheets)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Student Signature: _____ Date:_____

Parent/Guardian Signature: _____ Date:_____

Mentor Signature:_____ Date:_____

School Counselor Signature: _____Date:_____