

Service Learning Program

Oakwood High School's Service Learning Program includes service to both community and school. We are very grateful to community agencies and organizations, which provide service opportunities to our students. If you have questions or suggestions concerning this program, please contact Julie Pak (<u>ipak@oakwoodway.org</u>).

Students must complete 20 hours of service per year, of which at least 10 must be for an approved, registered nonprofit 501(c)(3) organization outside of Oakwood. Please list only one program or organization per form.

| Student: | | | | |
|-------------------------|---|---|------------------------------|--------------------|
| Description of Service: | | Check one: ☐ Oakwood:_ | | |
| | | | Program served | |
| | | | utside nonprofit: | |
| | | | Name of organization | |
| | | | 501(c)(3) tax ID number | |
| Date of Service | Hours of Service (to quarter hour) | Supervisor's Signature Please do not complete unless service has been satisfactory in all respects. | Supervisor's Name (Print) | Supervisor's Title |
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| 1. Student Reflection: How did your service re | ecorded on this form incorporate the Schoolwide Learner Objectives (SLOs) of Oakwood High School? |
|--|---|
| Effective Communicators (Reading • Wi Community Contributors (Respect • Serv | and • Apply • Analyze • Evaluate • Create) riting • Listening • Speaking • Collaborating • Media Literacy) vice • Cooperation • Compassionate Citizenship) rad Knowledge • Multi-cultural and Enrichment Activities • Independence and Confidence • Well-being) |
| How did your service incorporate the SLO not | ted above? |
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| | |
| 2. II did | |
| 2. How did your service contribute to your comm | nunity? |
| | |
| 3. Did this service connect to or enhance your ac | radamic goals or interests? If so, how? |
| 3. Did this service connect to or chilance your ac | adefine goals of interests: If so, now: |
| | |
| | |
| | |
| I certify that the information on this form i | is correct and complete and I did not receive pay or other material reward for this service. |
| Student Signature: | Date: |