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FEINSTEIN SERVICE LEARNING REFLECTION STATEMENT

Reflection Statement

Student Information:

Student Name: _____

Student ID#: _____

Current Status: FR - SO - JR - 4th/ARCH - SR

Anticipated Date of Graduation: _____

Local Address or RWU Mail Box #: _____

E-mail Address: _____

Local phone: _____

Major/Minor: _____

Advisor: _____

Student Signature: _____

Date: _____

Site Information:

Name of organization: _____

Town/State: _____

Phone: _____

Date(s)/hours worked at site: _____

Supervisor Name: _____

Site Supervisor Signature: _____

Was this service done through a course? YES NO

If yes, which course/professor? _____

This form must be submitted within the same academic year as the service learning experience occurred.

The following signatures verify that the FSL requirement has been satisfied and authorize the Registrar to record the service on the student's transcript.

Coordinator
Date

Dean, College of Arts and Sciences

Date

All sections must be complete and demonstrate honest reflection on the service experience. Reflection and feedback will be used to evaluate the success of the Service Learning Program.

· What is the goal or purpose of the event or agency with which you worked?

· What or who benefits from the work done by this agency?

· In what way does the work done by this organization impact society as a whole?

· What were your responsibilities at the site?

· Did you utilize skills learned at RWU while performing this service? Please identify th

· What do you consider to be your main contribution, tangible or intangible, to the organization?

· What did you learn about yourself (skills, perceptions, etc.) from this service?

· Would you recommend this volunteer agency/event to other students? Please offer explanation.

Feinstein Service Learning Program

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Bristol, RI 02809

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e-mail - service@rwu.edu

OFFICE USE ONLY

Date Received:

Date Registrar Notified:

Date Student Notified:

Comments: