

Service-Learning Project Report

Project Name: _____ Project Coordinator: _____

A. Beneficiaries – People who benefited

	Age Group	Number of People Served
Children		
Adults		
Senior Citizens		
Special Needs		
Total		

B. Project Dates

Date Project Started	
Date Project Ended	

C. Participants – People who provided service (YOU and students go here)

Name of Group or Individual	Age Group	Preparation/learning hrs.	Service hrs	Reflection/learning hrs	Total hrs
Total					

D. Project Volunteers – People who assisted but were not part of the preparation component

Name/Group	Phone #	# of Volunteers	Total hrs.
Total			

E. Project Partners – People who provided resources

Name	Address	Phone #	Thank-you sent

F. Evaluation of Project: _____

G. Should Project be Continued? YES NO Why/why not? _____

H. Unique or memorable comments from children, clients, community residents: _____

I. Budget

Itemized Expenditures	Quantity	Cost
Supplies:		
Equipment:		
Transportation:		
Publicity(brochures, ads, flyers)		
Celebration Materials:		
Total		

J. Cash and other Donations

Donor	Item	No.	Value
Total			