**Middle School Student Council: Service Learning Project**

All Middle School Student Council Students will need to complete a Service Learning Project which will be graded as part of the 3rd Quarter Grade.

**Service Learning Project must include:**

* 3 page research paper on community service topic (20 pts)
* 10 hours of Community Service for a specific organization that is part of research topic (20 pts)
* 5-10 slide Powerpoint Presentation teaching class about the topic and what you did (10 pts)

**Topics to choose from: Please select ONE topic.**

* Homelessness
* Bullying
* Cancer
* Diabetes
* Obesity
* Nursing Homes
* Others??? Must be approved by teacher

**Due Dates: Assignments are due on each of these days. All students should be prepared to present beginning March 23rd.**

Research Paper: Friday, February 20th

Community Service Log: Wednesday, March 18th

Powerpoint Presentations: March 23, 25, 27; April 7,9

**Parent Consent**: Please have parent sign below that they have read requirements and give you permission to complete the topic you have selected. **Parents will be an integral part of this project as Community Service Hours may be completed outside of school hours.**

**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Topic Selected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community Service Work Log

Students will need to keep a log of activities completed for their Community Service project. It can include planning but must include at least 5 hours of ACTUAL service hours.

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| Description of Activity | Time Spent | Reflection (what did you learn, feel, think) |
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Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_