

APPENDIX 7 – Part II

**St. Margaret’s School**

**Community Service Completion Form and Self  
Assessment of Project**

Student Name \_\_\_\_\_ Year you will graduate \_\_\_\_\_

Community Service Project: \_\_\_\_\_

Dates you worked on this project: \_\_\_\_\_

Supervisor’s Name and Phone Number: \_\_\_\_\_

Time spent on this project: \_\_\_\_\_

Answer the following questions on a separate sheet of paper, attach it and return to the School Life Office.

1. Describe what you actually did for your project.
2. What were your expectations and anxieties going into your project the first day? Were they realistic? What did you discover that you did not expect?
3. Who had the most impact on you? Why?
4. Who did you have the most impact on? Why?
5. What was the best thing that happened?
6. What was the highlight of your experience?
7. What did you learn about yourself, others, and the conditions or situation around your project’s setting?
8. Would you recommend this project for another St. Margaret’s student?

Student’s Signature: \_\_\_\_\_ Today’s Date: \_\_\_\_\_

*Return to the School Life Office upon completion.*

<p><b>St. Margaret’s School</b> <b>School Life Office:</b> Phone (804)443-3357 Fax (804)443-3069</p>
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