



**Monroe County School Corporation  
Service-Based Learning (SBL)  
Reflection and Verification Form**

***This form must be completed in its entirety***

*For service-based learning participation to count as meeting Indiana's employability skills requirement for graduation pathways, the student must be **meaningfully engaged** in the activity, not just participating in the activity. The student must own the experience, which can be demonstrated through planning, organizing, implementing, participating and evaluating the activities, goals, practices, and events of their activity/sports program.*

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Graduation Year: \_\_\_\_\_ School Name: \_\_\_\_\_  
Activity/Course: \_\_\_\_\_  
Name of Sponsor/Teacher: \_\_\_\_\_  
Position/Role: \_\_\_\_\_  
Participation Start Date: \_\_\_\_\_ Participation End Date: \_\_\_\_\_

**❖ Student Reflection**

**1. SBL Intensity, Planning, Preparation, and Involvement of Partnerships**

Describe your involvement in planning, preparing, and collaborating with community partners during your service-based learning experience.

**2. SBL Implementation, Progress Monitoring, and Reflection**

As you reflect over your SBL experience, what are some challenges you faced? How did you overcome the challenge? What evidence of progress informed you that you were overcoming the challenge and meeting your goal?

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Describe how your efforts created positive and responsive relationships with peers, teachers/coaches, customers, or community partners.

**4. Knowledge and Skills**

Describe what knowledge or skills you enhanced through participation in the SBL experience. How will this knowledge/skill benefit you in a real work setting?

**❖ Club/Team Sponsor Section**

**General Comments:**

**Select One:**

I do recommend that the above named student be awarded completion status in meeting Indiana's employability skills benchmark based on my evaluation of their service-based learning experience and through regular interactions with this student.

I do NOT recommend that the above named student be awarded completion status in meeting Indiana's employability skills benchmark based on my evaluation of their service-based learning experience and through regular interactions with this student.

**Teacher's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_