

Individual Service Project – Grades K – 2

Requirement: One project each semester (Minimum 1/2 hour)

(Parents complete areas were indicated)

Name: _____

Date of Project: (Parent) _____

Tell what you did:

Time to complete project (Parent) _____

Parent's Signature: _____

Supervisor's Signature: _____
(If other than parent)

How did you feel after you were done?

Why?

BLESSED ARE YOU

Matthew 5:1-12