

Individual Service Project – Grades 3, 4 & 5

Requirement: One project per trimester (Minimum 1 hour)

Name: \_\_\_\_\_

Date of Project: \_\_\_\_\_

Description of Project:

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Time to complete the project: \_\_\_\_\_(MINIMUM: 1 HOUR)

Pre-approval Signature from Teacher: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Supervisor's Comments: \_\_\_\_\_

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PLEASE ANSWER THE QUESTIONS OR STATEMENTS ON THE BACK BEFORE SUBMITTING TO TEACHER.

In Christ, I Can!  
*Philippians 4:13*

1. Describe how you think the people you served felt about what you did. Why?

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2. Describe how YOU felt while doing the project. Why?

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3. Would you do this service again? Why or why not?

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*Philippians 4:13*