

Individual Service Project – Grades 3, 4 & 5

Requirement: One project per trimester (Minimum 1 hour)

Name: _____

Date of Project: _____

Description of Project:

Time to complete the project: _____(MINIMUM: 1 HOUR)

Pre-approval Signature from Teacher: _____

Parent's Signature: _____

Supervisor's Signature: _____

Supervisor's Comments: _____

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

Love the Lord your God with all your heart . . . and
love your neighbor as yourself.

Luke 10:27

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

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

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

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