

JC-231
Exp. 11/2016
Rev. 11/2011

The School District of Jackson County
Marianna, FL 32447
Student Services
Student Community Service Plan

Student's Name School

Student I.D. # Date(s) of Service

Site Supervisor: Title:

Work Address: Work Phone:

The social problem in which I am interested and which I plan to address during my community service experience is:

My specific plan for personal involvement in addressing this social problem is:

I understand that, through papers or other presentations acceptable to the principal/designee, I will be expected to evaluate and reflect upon my experience(s) after completion of hours needed for my community service plan.

Signatures:

Student Date Site Supervisor Date

Parent/Guardian Date Principal/Designee Date

By my signature, I am certifying that the student named above has satisfactorily met all requirements as outlined in the community service plan. **The number of hours earned at this site** ____.

Approval Signatures:

Site Supervisor Date Principal/Designee Date

Original: Student Cumulative Folder Copies: Site Supervisor
Student