

Activity/Service Reflection Sheet

Name _____

Name of Service or Activity _____

Date of Service or Activity _____

Signature of Chaperone _____

Please check the area for which this activity applies.

Celebrate Good times Get the Big Picture Get a Life of Service It's All About Us

If for parish service hours, the number of hours served _____

All forms must be returned to the parish office within two weeks of the completion of the activity or service.

1. What **two** parts of this activity or service project did you like the best? Explain why you liked each one.

2. What did you learn today?

3. Did this activity or service project help you grow in your faith? Explain.

4. Would you recommend this activity to a 7th grader who will be confirmed next year? Explain your answer.

For office use only.

Date Activity/Service Sheet was received _____