

OUR LADY OF GRACE CATHOLIC SCHOOL
CHRISTIAN SERVICE REFLECTION

Name: _____

1. Project Name: _____

Dates Completed: _____

of Hours Completed: _____

What I did: _____

Name of Supervising Adult: _____

Signature of Supervising Adult: _____

2. Project Name: _____

Dates Completed: _____

of Hours Completed: _____

What I did: _____

Name of Supervising Adult: _____

Signature of Supervising Adult: _____