



School District of Bloomer Service Learning Staff Planning/Evaluation Form

Name of Project: _____ Date of Project: _____

Class/Organization: _____ Number of Students: _____

Bus Needed: _____

Cost: _____ Source of Funds: _____

Chaperones: _____

Safety Issues/Concerns: _____

School Contact Person: _____

Community Contact Person: _____

Time Per Student: _____ Total Time (Staff and Students): _____

Goals: _____

Classroom Connection/Student Reflection: _____

Project Outcome: _____

Opportunities for Improvement: _____
