

SERVICE-LEARNING ACCOMPLISHMENT REPORT

IMPORTANT INFORMATION

- THIS FORM MUST BE FILLED OUT AFTER THE SERVICE-LEARNING INITIATIVE.
- INFORMATION PROVIDED FOR EACH SECTION SHOULD BE ACCORDING TO THE OUTCOMES OF THE SERVICE-LEARNING INITIATIVE.
- SOFT COPIES OF PHOTO DOCUMENTATION COULD BE FORWARDED TO CSCE.
- A FINANCIAL REPORT MUST BE ATTACHED TO THIS FORM OR SENT TO CSCE VIA E-MAIL (IF APPLICABLE).

SECTION I: BACKGROUND INFORMATION

Name of Faculty-in-Charge/Student Leader			
Service-Learning Project/Activity Title <i>(include the course code and title and the participating section/s)</i>			
Location of Service-Learning Project/Activity <i>(state the name of the location with the barangay, town, province, region and country)</i>			
Service-Learning Project/Activity Summary Details			
Planned Start Date		Planned End Date	
Actual Start Date		Actual End Date	
Total Proposed Budget		Total of Budget Incurred	

SECTION II: ACHIEVEMENTS OF THE SERVICE-LEARNING INITIATIVE

OVERALL PROJECT/ACTIVITY RATING (as judged through self-assessment)		
Goals and Objectives (specify Learning Outcomes met)	Extent to Which the Objectives are Achieved	Recommendations/Actions
BENEFICIARIES		
Who has benefited?	What benefits? What involvement?	How many people?

SECTION III: FOLLOW-UP / SCALING / UPGRADING

PLANS FOR FOLLOW-UP/SCALING/UPGRADING (if applicable)

SECTION IV: COMMENTS / RECOMMENDATIONS

Please use this space to share any other information that has not been covered in the report but which you think is relevant.

SECTION V: PHOTOGRAPHS

SECTION VI: DECLARATION

I confirm that the details contained in this report are correct and are representative of the current status of the service-learning project or activity. I am responsible for the aforementioned service-learning initiative.

Faculty-in-Charge /
Student Leader

Signature & Date

RECEIVED BY

NOTED BY

SL/CE HEAD / DIRECTOR, CSCE