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|  | |  | | --- | | **“I Took Action”**  **Daily Service Activity**  **Reflection Form** | | |  | | --- | | **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Name of Activity/Project:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Service Focus Area:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TA teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Today’s date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| |  | | --- | | *Keep this form in Section 3 of your IB Portfolio!* | | |

**What did you do in this service activity/project?**

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**Leading Service:** Did you initiate this service activity or project? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No

**Please reflect on the impact of the service activity:** Use these prompts.

1. Some new things I learned about the service focus area and/or the community of people were . . .
2. My work was important to this cause because . . .
3. Some new relationships I developed were . . .
4. Some subject related skills I practiced during the service activity were . . .

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**Number of hours involved in this activity/project \_\_\_\_\_\_\_\_\_\_\_ hours.** (If this is a long-term activity, log your hours for event on the back.)

1

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As a result of this activity/project, I am interested in learning about . . . or (doing . . . because . . .

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**TJMS Service Advisor’s, TA teacher’s or site supervisor’s signature:**

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2