

# Fox Chapel Area High School

---

## Service Learning Experience

PA Career Standard 13.1.11C

|               |                     |
|---------------|---------------------|
| Name:         | Graduation Date:    |
| QRT #:        | Guidance Counselor: |
| SLE Approval: |                     |

|  |               |
|--|---------------|
| Date:                                  |               |
| Agency Name: (Please Print):           |               |
| Agency Representative: (Please Print): |               |
| Address:                               | Phone Number: |

|  |
|--|
| Description of Service Learning Activities Completed (Including Hours):  |
| Additional Agency Comments:  |
| Would you be willing to have future FC Students contact you?    Yes <input type="checkbox"/> No <input type="checkbox"/> |

Agency Representative Signature: \_\_\_\_\_

White: Career Portfolio



Yellow: SLE Coordinator