Individual Service Project Report

NHS Member:		
First Home Phone:	Middle	Last
		-
Email:	a shout what you did:	
Completed Project Description: Be very specific	about what you did:	
Contact Person Evaluation: (see attached form)		
Contact Person:		
Contact Person phone or email:		
Date(s) of project: Number of hours completed on project:		
Number of hours completed on project:		
Member signature	Parent signature	
-	Ç	
Contact Person signature		

We will be verifying the completion of your project with your parents and/or contact person. Make sure you have the Final comments page, photographs, and approval paperwork attached to get credit.

Individual Service Project FINAL COMMENTS

Contact Information Sheet

Student's Name(s):	
Contact's Person:	Phone:
Contact's email:	
Society as they complete their Individual swrite a summary of the work completed for	e students from Dulles High School National Honor Service Project (ISP). In the space provided, please for their ISP. Feel free to give this form back to the ses below. Thank you so much for your time. Date:
Signature	 Date