

ACTION & SERVICE PROPOSAL



Name: _____

Grade: _____ Date: _____

Name of the Activity: _____

Subject (optional): _____

Unit of Inquiry/Topic (optional): _____

Check the learning outcomes applicable to your activity (at least one).

- ☐ to become more aware of my own strengths and areas for growth
- ☐ to undertake challenges that develop new skills
- ☐ to discuss, evaluate and plan student-initiated activities
- ☐ to persevere in action
- ☐ to work collaboratively with others
- ☐ to develop international-mindedness through global engagement, multilingualism and intercultural understanding
- ☐ to consider the ethical implications of their actions

Description of the activity and your role:

Date(s) of the Activity: _____ Approximate No. of hours: _____

Name of the Institution: _____

Address of the Institution: _____

Name of Supervisor from the institution (with signature): _____

Contact number: _____

Name of the Advisor: _____ Signature: _____

No. of Points: _____

Parent's Signature: _____

Coordinator's Comment(s):

☐ Approved ☐ Revise Proposal ☐ Not Approved

Coordinator's Signature: _____