

# Accomplishment Report

This *Make It Right* Accomplishment Report is required for reimbursement of project expenses.

Within 30 days of completion of your project, complete and return this form to SOLV.

Include copies of all receipts for items purchased with grant funds.

Complete both pages of this application and submit by mail or fax to:

*Make It Right* Coordinator, SOLV  
5193 NE Elam Young Parkway, Suite B  
Hillsboro, OR 97124  
FAX: (503) 844-9575

## Contact Information:

Student Name \_\_\_\_\_ Grade Level(s) \_\_\_\_\_

School \_\_\_\_\_ School District \_\_\_\_\_

School Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Adult Advisor/Teacher: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Adult Advisor/Teacher: Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

## Check Reimbursement Information:

Make check payable to \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Home E-mail \_\_\_\_\_

## Qualitative Results:

Project Site \_\_\_\_\_ Project date(s) \_\_\_\_\_

Number of volunteers involved: Students \_\_\_\_\_ Adults (+ teacher) \_\_\_\_\_ # of classes \_\_\_\_\_

Did you meet your goals? Yes  No  What were they? \_\_\_\_\_

Project results (# of trees planted, trash removed, etc.) \_\_\_\_\_

How did the project connect to your learning goals? \_\_\_\_\_

*Continued on next page – please complete both pages*

**Accomplishment Report . . . continued**

Was the *Make It Right Service-Learning Planning Guide* helpful to you? Yes  No

Do you have suggestions for changes or additions to this guide? \_\_\_\_\_

**Quantitative Results**

*Tell us about your project and what you learned by addressing at least one of the points below. Your response could take many formats; write an essay, a newspaper article, create a photo essay, draw a drawing, create a webpage, keep a blog or journal, make a video, or a PowerPoint presentation.*

- What was the best part of your service-learning project? What was the worst part? Were you challenged during this experience? Did you grow in any way? Would you do this project differently the next time? How would you change it?
- Discuss the issue(s) that your project addressed. How did you address them during your project? Do you have more, or less, understanding for the issue(s) than you did before your project experience? Why?

*I hereby give SOLV permission to use information contained in this report on the SOLV web site and/or other SOLV print materials.*

*Please note: All materials submitted become the property of SOLV, and will not be returned to you.*

Teacher Signature\* \_\_\_\_\_

\*SOLV requests the assistance of teachers in obtaining all necessary parental permission to post information and photos related to a student project. Teacher signature above will indicate to SOLV that all parental permissions have been obtained. SOLV will not print full names of students in published materials.

**Grant Summary**

If you received a *Make It Right* grant for your project, please itemize all expenses below and enclose all receipts.

<b>Expense Item</b>	<b>Amount</b>
_____	_____
_____	_____
_____	_____
_____	_____
Total Project Cost: _____	
Grant Amount Approved: _____	
Reimbursement Amount Requested: _____	

Submitted by (student signature): \_\_\_\_\_ Date: \_\_\_\_\_