

Silver Cord Time Sheet

Student's Name _____ Project _____

Supervisor's Name _____ Position _____

Supervisor's email _____ Phone _____

	Date	Start Time	Stop Time	Hours	Supervisor Initials	Comments (optional)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
				Total	<input type="text"/>	

Supervisor's Signature _____

Date _____

Silver Cord Journal

We want you to reflect on this experience. Please answer the following questions and give the completed journal to your Silver Cord coordinator. You must complete one journal for each project you complete in order to receive credit toward earning your silver cord.

Name _____ Date _____ Project _____

How did others benefit from your project?

What did you learn from this experience? Will you think or act differently as a result of your experience today? Explain.

What was the high point of the experience?

What was the low point of the experience?

How will you share your experience with others?
