



jean_seeland@vccv.org

319-883-3015

Service Learning Planning

Project Name: (Short description of the project)

Goals: (What do we want to accomplish?)

Objectives: (what needs to be done to accomplish the goals?)

- 1.
- 2.
- 3.

Resources: (What do we need to complete the project?)

Timeline: (Start and end dates for the project)

Reflection: