



FAMILY SERVICE PROJECT REFLECTION

Family Name: _____

Child(ren) Participant(s) Name(s): _____

Description of Project:

Date & Location of Project: _____

Have conversations on the following questions regarding your experience, and record your reflections below:

"How did you make a difference?"

"What did you learn that you didn't know before?"

"What did you like most?"

"What was most difficult?"