

**SANTA CLARA CHAPEL
CONFIRMATION SERVICE PROJECT REPORT**

Name: _____ **Date:** _____

Hours needed: **Church (10)** _____ **Community (5)** _____ **Home (5)** _____

Title of Project: _____ **Time Spent:** _____ **hrs.**

Who benefited from your help? _____

Reflect and evaluate your project. How has this project affected you? What did you accomplish? How would you say your Catholic/Christian sense of love has changed?

How can/will you follow up on your project? _____

Supervisor's name: _____ **Supervisor's signature:** _____

Supervisor's written comments about your work: _____

Your signature upon completion of the project: _____

Signature of Confirmation Teacher: _____ **Date:** _____

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