



ST. BRENDAN CATHOLIC SCHOOL
Student Reflection for the CORPORAL WORKS OF MERCY SERVICE

Student Name _____ Grade _____

#1 Due: Jan 31st, #2 Due: May 31st. Describe what you did that shows you cared for God's people. Include the Corporal Work of Mercy you focused on and the date you did the activity.

Parent Signature _____ Date _____

Please turn this form into the office.



ST. BRENDAN CATHOLIC SCHOOL
Student Reflection for the SPIRITUAL WORKS OF MERCY SERVICE

Student Name _____ Grade _____

#1 Due: Jan 31st, #2 Due: May 31st. Describe what you did that shows you cared for God's people. Include the Spiritual Work of Mercy you focused on and the date you did the activity.

Parent Signature _____ Date _____

Please turn this form into the office.