Senior Project

Senior Project is a credit-bearing course that provides an opportunity for students to showcase knowledge, creativity, and skills developed as a result of their years of education. Through the Senior Project experience, students focus on individual and special interests and are held accountable for their own learning. Faculty members agreeing to serve a advisors must first sign the Faculty Agreement Form (EXHIBIT L). Individuals agreeing to serve as mentors are required to sign the Mentor Agreement Form (EXHIBIT M).

On average, students will participate in Senior Project activities 7 ½ hours per week. The academic or instructional activities may take place on or off the high school campus. Each senior may earn one elective credit for successful completion of the course. The student will receive a Pass/Fail credit that will not be computed into the student’s GPA.

As a part of the experience, students must work at least 125 hours on their project, keep a weekly journal of activities, meet monthly with their faculty advisor, and submit mentor evaluations (see EXHIBIT N). A culminating portfolio will also be compiled including the listed above, a student evaluation of the project (see EXHIBIT O), and a summative mentor evaluation (see EXHIBIT P).

Students wishing to participate in Senior Project off-campus must complete the Senior Project Agreement Off-Campus (EXHIBIT Q) and Time Sheet (EXHIBIT R).

<table>
<thead>
<tr>
<th>Turn In Dates</th>
<th>On Campus</th>
<th>Off Campus</th>
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<tbody>
<tr>
<td>Jan. 9</td>
<td>1st Meeting info</td>
<td>1st Meeting Info</td>
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<tr>
<td>Jan. 21</td>
<td>Exhibit L &amp; M</td>
<td>Exhibit L, M &amp; Q</td>
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<tr>
<td>Feb 18</td>
<td>Journal &amp; Exhibit N</td>
<td>Journal, Exhibit N &amp; R</td>
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<tr>
<td>Mar 18</td>
<td>Journal &amp; Exhibit N</td>
<td>Journal, Exhibit N &amp; R</td>
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<tr>
<td>Apr 15</td>
<td>Journal &amp; Exhibit N</td>
<td>Journal, Exhibit N &amp; R</td>
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<td>May 6</td>
<td>Journal &amp; Exhibit N</td>
<td>Journal, Exhibit N &amp; R</td>
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<td>Exhibit O &amp; P</td>
<td>Exhibit O &amp; P</td>
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</table>
Senior Project

Faculty Agreement Form

Senior Project is a credit-bearing high school course that provides an opportunity for students to gain experience in real-world activities by serving as a volunteer in an area of interest or focus. As a credit-bearing course, students enrolled in Senior Project are expected to engage in rigorous learning activities. It is the role of the faculty advisor to ensure that such learning activities are occurring.

On average, students will participate in Senior Project activities 7 ½ hours per week, either on or off the high school campus. As a part of the experience, students must work at least 125 hours on their project, keep a weekly journal of activities, meet monthly with their faculty advisor, and submit evaluations completed by their mentor. A culminating portfolio will also be compiled that includes the items listed above as well as a student evaluation of the project and a summative evaluation by the mentor.

By signing below, you acknowledge and agree to serve as a faculty advisor for the students enrolled in Senior Project. Further, you also agree to appropriately supervise the students in this experience, schedule monthly meetings with your students, and monitor student journals and other portfolio assignments.

_________________________    ______________________
Faculty Advisor Signature    Date

_________________________    ______________________
Principal Signature    Date
Senior Project
Mentor Agreement Form

Student Name: ________________________________

Mentor Name: ________________________________

Business Name (if applicable): ________________________________

Senior Project is a credit-bearing high school course that provides an opportunity for students to gain experience in real-world activities by serving as a volunteer in an area of interest or focus.

On average, students will participate in Senior Project activities 7 ½ hours per week, either on or off the high school campus. The academic or instructional activities may take place on or off the high school campus.

As a part of the experience, students must work at least 125 hours on their project, keep a weekly journal of activities, meet monthly with their faculty advisor, and submit evaluations completed by their mentor. A culminating portfolio will also be compiled that includes the items listed above as well as a student evaluation of the project and a summative evaluation by the mentor.

By signing below, you acknowledge and agree to serve as a mentor for the student named above. Further, you also agree to appropriately supervise the students in this experience and complete the required evaluations.

Mentor Signature ________________________________ Date __________

Principal Signature ________________________________ Date __________
Mentor Evaluation of Senior Project

Student Name: ____________________________________________

Mentor Name: ____________________________________________

Faculty Advisor: __________________________________________

Please rate the following areas from 1 to 5
(1 – Unsatisfactory, 2 – Needs Improvement, 3 – Satisfactory, 4 – Above Average, 5 – Excellent)

Safety Procedures Followed __________
Punctuality _______________________
Appropriate Dress _________________
Completes Assigned Tasks ___________
Works Well with Others ____________

_______________________________  _______________________
Mentor Signature                  Date

_______________________________  _______________________
Student Signature                 Date

_______________________________  _______________________
Faculty Advisor Signature         Date
Student Evaluation of Senior Project

Student Name: ____________________________________________

Mentor Name: ____________________________________________

Senior Project Activity
________________________________________________________

How would you rate your learning experience?
_____ Excellent   _____ Good   _____ Average   _____ Poor

Did the experience meet your expectations? Explain:
________________________________________________________

________________________________________________________

________________________________________________________

Do you feel the mentor exposed you to a variety of responsibilities related to the occupation you were experiencing? Explain:
________________________________________________________

________________________________________________________

________________________________________________________

Did the experience change your mind about your career plans? If yes, how?
________________________________________________________

________________________________________________________

________________________________________________________

What was the most valuable activity you experienced?
________________________________________________________

________________________________________________________

________________________________________________________

How can the program be improved?
________________________________________________________

________________________________________________________

________________________________________________________

Additional comments
________________________________________________________
Summative Mentor Evaluation of
Senior Project

Mentor Name__________________________________________

Student Name________________________________________

Senior Project Activity
____________________________________________________

How would you rate the student’s learning experience?
____Excellent   ____Good    ____Average   ____Poor

Were the senior project and school-based learning competencies identified in the training plan accomplished? Explain:
_______________________________________________________________________________________________
_______________________________________________________________________________________________

Was the student’s attendance regular and systematic? Explain:
_______________________________________________________________________________________________
_______________________________________________________________________________________________

Were you provided appropriate opportunity for input in determining learning competencies and in evaluating the student?
_______________________________________________________________________________________________
_______________________________________________________________________________________________

What were the advantages of this program to your organization?
_______________________________________________________________________________________________
_______________________________________________________________________________________________

How can the program be improved?
_______________________________________________________________________________________________
_______________________________________________________________________________________________

Additional comments
_______________________________________________________________________________________________
Senior Project Agreement
Off-Campus Credit

We, the undersigned, agree to abide by the conditions and procedures of the Senior Off-Campus Credit Program and any specific requirements of the selected Senior Project. The undersigned agree to waive any liability of the Sumner County Schools Board of Education and its employees or agents for any injuries or damages of any kind that might occur, whether to themselves or to others, while the student is participating in the off-campus credit program. The school reserves the right to contact any of the responsible parties to confirm the student’s progress.

<table>
<thead>
<tr>
<th>Student's name</th>
<th>Social Security</th>
<th>Term</th>
<th>School Year</th>
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</table>

Off-Campus Project (Check One)
Career Exploration ( ) Community Service ( ) Individual Skill Development ( )

Location
Address where student will work toward goal  Phone

Signatures of Responsible Parties

Parent
Printed Name  Signature  Date

Parent/Guardian Address  Home Phone  Work Phone
Mentor
Qualified adult who will supervise student's learning experience  Date
Mentor's Address  Home Phone  Work Phone

Faculty Advisor
Printed Name  Signature  Date

Principal Signature

Student
Printed Name  Signature  Date

Student should complete the following statement:

"I expect to gain the following results from this off-campus experience


"
### Senior Project Time Sheet

<table>
<thead>
<tr>
<th>Date/Week</th>
<th># of Days</th>
<th>Hours worked</th>
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Mentor Name: ___________________________ Date: ________________

Student Name: ___________________________ Date: ________________