

Mentor Contact Card

Mentor qualifications:

- Expert in the field* a practicing professional or has a minimum of 2 years of experience in the field of your project.
- Objective* not a parent or relative by blood or marriage, close family member, boyfriend/girlfriend or family member thereof
- Adult* not a student at this or any other high school; is at least 23 and/or 5 years out of high school
- Available* able to meet with senior at least three times; is willing to support and evaluate the 15-hour project; will complete forms and communicate with the advisor

Complete the mentor information:

Name: _____

Age: _____

Place of employment/Job title: _____

Years of experience in area: _____

Email address: _____

Mailing address: _____

Work phone and/or home phone:

Work: _____

Home: _____

Reasons for selecting mentor (e.g. availability, expertise): _____

Mentor Verification #1

Thank you for volunteering your time to serve as a mentor for the Sumner School District Culminating Project. We appreciate the time and effort that you will spend with this senior as he/she works toward completion of this state graduation requirement.

Each student must commit a minimum of fifteen hours to the project. Since the time this student will spend on his or her project will be out of class, verification of the student's efforts is necessary.

After your first meeting with our student, please give us feedback on his/her efforts and professionalism. If you would like to give feedback to the school confidentially please feel free to contact the senior project coordinator.

Bonney Lake High School: Traci Lewis-(253) 891-5719
Sumner High School: Karen Wilkerson-(253) 891-5500

Student Name: _____

Mentor Name: _____

	Professional	Proficient	Provisional
Arrived punctually	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behaved in a polite, professional manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effectively described the project proposal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responded to suggestions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seemed positive and committed to project	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other Comments:

Signature of Mentor: _____ Date: _____

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Mentor Verification #2

If you would like to give feedback to the school confidentially please feel free to contact the senior project coordinator.

Bonney Lake High School: Traci Lewis-(253) 891-5719

Sumner High School: Karen Wilkerson-(253) 891-5500

Student
Name: _____

Mentor
Name: _____

	Professional	Proficient	Provisional
Shows responsibility by meeting deadlines and keeping appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shows commitment to project by working steadily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sets and meets goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is on target for completion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is a person I would hire and/or with whom I would enjoy working	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Hours completed to date that you can verify: _____

Other Comments:

Signature of Mentor: _____ Date: _____

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Mentor Verification #3: Final Verification

If you would like to give feedback to the school confidentially please feel free to contact the senior project coordinator.

Bonney Lake High School: Traci Lewis-(253) 891-5719

Sumner High School: Karen Wilkerson-(253) 891-5500

Student Name: _____

Mentor Name: _____

- 1.) In what area did this student show the most growth as a result of this project?

- 2.) During this project, how did the student show professionalism?

- 3.) What would you consider to be this student's greatest strength during this project?

- 4.) What could this student have done differently in order to improve the quality of this project were he/she to undertake it again?

Additional Comments:

Hour Verification (initial one): ____ I can verify that this student spent 15 hours on the project ____ I can verify that this student spent ____ hours on the project ____ I am unable to vouch for the time spent on the project
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Signature of Mentor: _____ Date: _____

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____