## Mentor Evaluation and Product Verification Form

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_English Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mentor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You may mail or fax this form to: Connie Nelson

 4165 Luther Ward Road

 Powder Springs, GA 30127

 Fax: 678-331-8128

Please refer to the Grading Scale/Points column to determine the student’s grade for each category.

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Criteria** | **Grading Scale/Points** | **Points/20** |
| Initiative/Energy | * Demonstrated initiative on project
* Asked appropriate questions
* Exhibited enthusiasm
 | 20 Exceeded  expectations |  **/20**  |
| Timeliness/Organization | * Punctual
* Met deadlines
* Organized time and tasks effectively
 | 1918 Fully met expectations |  **/20** |
| Commitment/Dependability | * Demonstrated reliability
* Kept all commitments
* Showed dedication to success of project
 | 1716 Adequately met expectations |  **/20** |
| Problem Solving/Creativity | * Demonstrated ability to overcome setbacks
* Sought alternate solutions to problems
* Looked for ways to improve
 | 1514 Barely met minimal expectations |  **/20** |
| Attitude/Etiquette | * Appropriate dress and grooming
* Accepted constructive criticism
* Courteous/Worked well with others
 | 13Failed to meet minimal expectations121110 |  **/20**  |
|  | **Total**  **/100**  |

Please verify this student’s efforts on his or her Senior Project by answering the following questions:

1. Verify the number of hours spent on this project: Hours:\_\_\_\_\_\_\_\_\_\_

Comments:

1. How challenging and what challenges has this student encountered and overcome?

Mentor Signature Phone

Date