## 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 | 19  18 Fully met  expectations | **/20** |
| Commitment/Dependability | * Demonstrated reliability * Kept all commitments * Showed dedication to success of project | 17  16 Adequately met  expectations | **/20** |
| Problem Solving/Creativity | * Demonstrated ability to overcome setbacks * Sought alternate solutions to problems * Looked for ways to improve | 15  14 Barely met minimal expectations | **/20** |
| Attitude/Etiquette | * Appropriate dress and grooming * Accepted constructive criticism * Courteous/Worked well with others | 13  Failed to meet minimal expectations  12  11  10 | **/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