

SENIOR PROJECT MENTOR CONTRACT
PORTFOLIO Copy

STUDENT NAME: _____ PHONE: _____

I have read the requirements for mentoring a North High senior.

By **INITIALING** each item, I agree to do the following:

- I will meet with student and/or contact a minimum of 5 times
- I will help student plan and implement a project that will take at least 20 hours to complete
- I will help student prepare for oral presentation
- I will attend student's oral presentation or provide a suitable replacement for myself if I am not able to attend presentation
- I am not related to the student
- I am at least 21 years old
- I am not a staff member at North High
- If I am not able to fulfill any of the above, I will immediately contact my student and his or her senior project teacher so they can make other arrangements for the student and his project
- I will evaluate the student's progress two times: Midpoint evaluation and final evaluation

MENTOR NAME: _____

MENTOR MAILING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

MENTOR EVENING PHONE: _____ CELL PHONE: _____

DAYTIME PHONE: _____ BEST TIME TO CALL: _____

MENTOR EMAIL: _____

Preferred Method of Contact: Mail E-mail

MENTOR SIGNATURE: _____ DATE: _____

My area of expertise as it relates to this student's project is: _____
