



SENIOR PROJECT
Clearview High School
Declaration of Interest Form

Student Name: _____
Last Name First Name

STUDENT'S HOME PHONE: _____

STUDENT'S E-MAIL ADDRESS: _____

PROPOSED PROJECT IDEA:

POSSIBLE SPONSOR: _____

SPONSOR'S TITLE/POSITION: _____

SPONSOR'S WORK ADDRESS:

SPONSOR'S PHONE NUMBER: _____

SPONSOR'S E-MAIL ADDRESS: _____

<i>PROJECT PROPOSAL ACCEPTED:</i> _____	
<i>PROJECT PROPOSAL UNACCEPTABLE:</i> _____	
<i>DATE RECEIVED:</i> _____	<i>DATE RETURNED:</i> _____

FACULTY ADVISOR'S SIGNATURE: _____

*REMINDER TO STUDENTS: THE SENIOR PROJECT CONTRACT IS ALSO DUE AT THIS TIME.



Senior Project
CLEARVIEW HIGH SCHOOL
PARENTAL AGREEMENT

Due: _____

Student Name: _____

I grant permission form my child to participate in Senior Project. Having read the **Senior Project Handbook** and having signed the **Senior Project Contract** and **Project Application**, I understand my child's obligations and responsibilities. I also understand that failure to meet these prescribed requirements will result in delayed graduation and denial of participation in the Commencement Ceremony.

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Parent/Guardian Phone Numbers:

Work: _____

Home: _____

Cell: _____

Parent/Guardian E-Mail: _____

Parent/Guardian Signature: _____

Date: _____



Senior Project Clearview High School Project Application

Student Name: _____
Last Name
First Name

STUDENT'S HOME PHONE: _____

STUDENT'S E-MAIL ADDRESS: _____

Describe your proposed Senior Project:

Project Work Site (where you will be located during the Project hours):

Projected daily time schedule: _____

SPONSOR'S TITLE/POSITION: _____

SPONSOR'S WORK ADDRESS: _____

SPONSOR'S PHONE NUMBER: _____

SPONSOR'S E-MAIL ADDRESS: _____

List the PSEO courses you are taking this year and any co-curricular commitments you will be participating in during the last three weeks of the school year (e.g. band, sports, etc...)

Student Contract Form Attached Yes _____ No _____

Parental Agreement Form Attached Yes _____ No _____

Sponsor Agreement Form Attached Yes _____ No _____

Have you kept a copy of this application and the above contracts for yourself? Yes _____

PROJECT GOALS: (Be specific. Provide a minimum of 3. Add a separate sheet of paper if more space is needed)

1.)

2.)

3.)

4.)

5.)

ACTIVITIES TO ACHIEVE YOUR GOALS: (Be specific. Write a minimum of 3. Use the reverse side if more space is needed)

1.)

2.)

3.)

4.)

5.)

SIGNATURES:

Student/Date: _____

Faculty Advisor/Date: _____

Community Sponsor/Date: _____

Date Received: _____

Date Returned: _____

Revisions Needed: Yes _____ No _____ Revisions Accepted Yes _____ No _____

Project Accepted: Yes _____ No _____ Sr. Project Advisors _____



Senior Project
CLEARVIEW HIGH SCHOOL
COMMUNITY SPONSOR AGREEMENT FORM

Student Name: _____
Last Name First Name

SPONSOR’S NAME (please print): _____

Student’s Home Phone: _____

Student’s E-Mail Address: _____

I agree to sponsor this student as he/she works on his/her approved Senior Project endeavor. I have been made aware of my obligations and look forward to assisting the student in completing the project requirements.

I have received the Community Sponsor Forms packet (please initial to verify) _____

SPONSOR’S TITLE and POSITION: _____

SPONSOR’S WORK ADDRESS: _____

SPONSOR’S CONTACT NUMBERS: Work: _____

Home: _____

E-Mail: _____

SPONSOR’S SIGNATURE: _____

DATE: _____



Senior Project
CLEARVIEW HIGH SCHOOL
STUDENT CONTRACT FORM

Student Name: _____
Last Name First Name

Senior Project was developed to provide unique educational opportunities to interested and selected members of the Senior Class. To participate in Senior Project, the student must meet specific obligations and conduct themselves in a manner that will ensure eligibility for participation in the spring of the senior year.

For a senior to be eligible to earn the right to participate in Senior Project, he/she must have met the below-listed criteria prior to being released to start working on their project:

- All phases of State-mandated proficiency tests must have been passed.
- The student must be enrolled in a minimum of 5 academic classes, which may include approved educational options such as Post-Secondary Enrollment Options (PSEO).
- The student must be passing all classes with a grade of C or better
- The student may have no more than 10 excused absences in any class during the senior year. (Field trips and college visitations excluded).
- The student should have no in-school restriction or out-of-school suspension during the senior year.
- All fines, fees and obligations must be resolved before release from school to begin actual work on the Project.

STUDENT:

I understand that if I do not meet any of the above-noted criteria, then I will not be eligible to participate in Senior Project. My signature indicates I have read, understand and do accept the conditions stated in this contract.

Student's Signature

Date

PARENT:

I understand that if my son/daughter fails to comply with the expected criteria, that he/she will not be permitted to participate in Senior Project.

Parent Signature

Date



**CLEARVIEW HIGH SCHOOL
SENIOR PROJECT
COMMUNITY SPONSOR SUMMARY REPORT**

Please return no later than _____ to:

Mr. Robert Painter, Project Co-Coordinator
Clearview High School
4700 Broadway Ave.
Lorain, OH 44052

STUDENT'S NAME: _____

	<u>POOR</u>	<u>FAIR</u>	<u>GOOD</u>	<u>EXCELLENT</u>
<i>Dependability</i>				
<i>Seriousness of Purpose</i>				
<i>Cooperation</i>				
<i>Initiative</i>				
<i>Contribution</i>				
<i>Motivation</i>				
<i>Punctuality</i>				
<i>Receptivity to new ideas</i>				
Ability to work with others				
Appearance and Demeanor				

Did the student complete the minimum required 75 hours of participation?

_____ Yes _____ No

If "no," please explain (use backside, please) –

Community Sponsor's Signature

Date



CLEARVIEW HIGH SCHOOL SENIOR PROJECT WEEKLY TIME SHEET

Student's Name: _____
Last Name First Name

This timesheet should be maintained on a daily basis and initialed by your Community Sponsor. In addition, it is to be made available for your parent(s) to check at any time.

Week from: _____ **to** _____



CLEARVIEW HIGH SCHOOL SENIOR PROJECT PROGRESS REPORT

Use this form to evaluate the student's progress during the first two weeks of the project. The student is to return this form to Mr. Robert Painter at the high school my _____, or via fax # 440-233-6311.

Please use the rating system below to indicate the student's personal qualities relevant to participation in the project.

STUDENT'S NAME: _____

<u>POOR</u>	<u>FAIR</u>	<u>GOOD</u>	<u>EXCELLENT</u>
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<i>Dependability</i>				
<i>Seriousness of Purpose</i>				
<i>Cooperation</i>				
<i>Initiative</i>				
<i>Contribution</i>				
<i>Motivation</i>				
<i>Punctuality</i>				
<i>Receptivity to new ideas</i>				
Ability to work with others				
Appearance and Demeanor				

General Comments:

Is the student completing the minimum hours required each day?

_____ Yes _____ No

If response above is "no," please explain:

Sponsor's Name

Sponsor's Signature

Date

