

**Shelton High School
Capstone Proposal 2018-2019**

You may not begin your Capstone experience until you have received approval from the committee.

Student Name:	
Homeroom Number:	Advisor/Homeroom Teacher's Name:
Mentor's Name (can be a member of the community with expertise in your project intent):	
Place of business or employment/Area of expertise:	
Mentor Address:	
Mentor's Contact Phone Number:	
Mentor's Email Address:	
I understand that my role as a Project Mentor is to assist the student as he/she completes his/her Capstone project. I agree to:	
<ul style="list-style-type: none">◆ Communicate clearly to the student what his/her role will be, when you will meet and what your time and skill limitations are;◆ Assist the student in clarifying his/her goals and objectives and developing a plan that will result in achieving his/her goals;◆ Be available to answer questions in a non-judgmental manner allowing the student to learn from his/her mistakes;◆ Guide, encourage and oversee the student as he/she completes his/her project;◆ Help the student evaluate the entire process and the final product;◆ Verify the time you spent working with the student throughout the project on the Capstone fieldwork log, which will be handed in by the student.	
I understand that I may be contacted by a member of the Shelton High School faculty for progress reports regarding the student with whom I am working.	
My signature indicates that I understand my role as a Capstone Project Mentor, that I have never been convicted of a criminal offense other than a minor traffic violation, that there have never been findings of child abuse in my name and that I do not appear on a Sex Offender Database in any state or country.	
Project Mentor's Signature:	Date Signed:
What is your proposed project? What will your role be and what do you expect to accomplish?	

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How will this project be a learning stretch and/or what new knowledge/skill(s) do you expect to develop?

Describe any problems you believe you may encounter during this experience and how do you plan to address them?

Student signature:

Date:

Parent signature:

Date:

Date proposal was submitted to homeroom teacher/advisor:

SPACE BELOW FOR CAPSTONE COMMITTEE USE ONLY:

Your proposal: has been accepted as is. is unacceptable and revisions are necessary.

Signature of Capstone Committee Member:

Date: