

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

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

<b>Student Name:</b>	
<b>Homeroom Number:</b>	<b>Advisor/Homeroom Teacher's Name:</b>
<b>Mentor's Name (can be a member of the community with expertise in your project intent):</b>	
<b>Place of business or employment/Area of expertise:</b>	
<b>Mentor Address:</b>	
<b>Mentor's Contact Phone Number:</b>	
<b>Mentor's Email Address:</b>	
<p>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:</p> <ul style="list-style-type: none"><li>• Communicate clearly to the student what his/her role will be, when you will meet and what your time and skill limitations are;</li><li>• Assist the student in clarifying his/her goals and objectives and developing a plan that will result in achieving his/her goals;</li><li>• Be available to answer questions in a non-judgmental manner allowing the student to learn from his/her mistakes;</li><li>• Guide, encourage and oversee the student as he/she completes his/her project;</li><li>• Help the student evaluate the entire process and the final product;</li><li>• 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.</li></ul>	
<p>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.</p>	
<p>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.</p>	
<b>Project Mentor's Signature:</b>	<b>Date:</b>
<b>What is your proposed project? What will your role be and what do you expect to accomplish?</b>	

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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 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 is:    **ACCEPTED**                    **UNACCEPTED** and revisions are necessary

Signature of Capstone  
Committee Member:

Date: