

MENTOR EVALUATION OF PHYSICAL PRODUCT

This form should be completed by the mentor to verify the student's work throughout the product process. The mentor may send this form to the GP Faculty Advisor via student or mail it to the school as follows: Mary Propes, GP Project Coordinator, Leesville Road High School, 8409 Leesville Road, Raleigh, NC 27613.

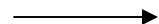
Student's Name: _____ **Mentor's Name:** _____

Mentor's Address: (Please include the zip code) _____

Mentor's Preferred Telephone #: _____ **Mentor's E-mail:** _____

1. Please describe which aspects of the student's product you have witnessed in progress.
2. How many hours can you verify that the student has worked on the product?
3. Describe your role as the student completed his/her product.
4. Describe any growth in attitude or skills you observed as the student completed the product.
5. Describe specific problems the student encountered and what evidence of problem-solving you observed.
6. Describe what you felt was the best moment for the student in the completion of the product.

OVER



Please rate the student on the following criteria:

| CRITERIA | OUTSTANDING | ABOVE AVERAGE | AVERAGE | BELOW AVERAGE | NOT EVIDENT |
|--------------------------------------|-------------|---------------|---------|---------------|-------------|
| Demonstration of background research | | | | | |
| Evidence of learning stretch | | | | | |
| Commitment to completion | | | | | |
| Evidence of responsibility | | | | | |
| Commitment to excellence | | | | | |
| Demonstration of mature behavior | | | | | |
| Management of time | | | | | |

Mentor's Signature: (no initials, please) _____

Mentor's Name: (please print) _____