**SPECIAL CREDIT PROJECT PROPOSAL TEMPLATE**

(Note: This proposal must be completed and approved prior to the student beginning the Special Project Credit)

Sections 1-2: To be completed by the student.

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| **Section 1: Student Information** | | | | | | | | | | | | |
| Last Name: | | | | | | | | | | | First Name: | |
| Grade: | | | Age: | | | | Phone: | | | | | |
| School: | | | | | | | | | | | | |
| Student’s Email: | | | | | | | | | | | | |
| **Section 2: Project Overview** | | | | | | | | | | | | |
| This section provides guidance on how to develop a project plan with guiding questions to help reflect upon your learning. | | | | | | | | | | | | |
| **Project Title/Topic:** | | | | | | | | | | | | **Course Level:** 🞐10🞐20🞐30 |
| 1. What are you going to do for your project?  2. What do you hope to accomplish?  3. Who or what organizations are going to be involved?  4. Who will be supporting you during this project?  5. How does your special project differ from or build upon what you have learned in  school?  6. Why are you interested in or passionate about this project?  7. How will this project impact you and influence your future goals?  8. In what ways will your project impact your community?  9. Do you have pervious experience in this area of study? If yes, please describe.  10. What do you hope to learn? What knowledge/skills will you acquire or improve by  pursuing this project?  11. How are you going to demonstrate that you have achieved your goals?  12. How will you challenge yourself and target different ways of learning?  13. What is the project timeline?  14. What resources will your need? (basic tools)  15. How often will you meet with the supervising teacher and/or mentor?  16. How will you share your learning with others? | | | | | | | | | | | | |
| Sections 3-5: To be completed by the Career Education Liaison in collaboration with the student, Grad Coach, and mentor. | | | | | | | | | | | | |
| **Section 3: Supervising Teacher/Grad Coach Information** | | | | | | | | | | | | |
| Last Name: | | | | | | | | | | First Name: | | |
| Phone Number |  |  | |  |  |  |  |  | | Email: | | |
| **Section 4: Project Mentor Information (if applicable)** | | | | | | | | | | | | |
| Last Name:  a).  b). | | | | | | | | | First Name:  a).  b). | | | |
|  | | | | | | | | | | | | |
| Phone Number: a).  b). |  |  | |  |  |  |  |  | | Email:  a).  b). | | |
| **Section 5: Monitoring, Assessments and Evidence of Learning** | | | | | | | | | | | | |
| (Please refer to the student’s statements in Section 2: Project Goals, Activities and Assessment. How will the project be monitored? What is the communication plan for reporting to ensure student, mentor, parent/guardian and teacher are informed? How will the learning be presented for assessment (video journal, photos, etc.?) | | | | | | | | | | | | |
| Evidence of Learning:  1.  2.  3. | | | | | | | | | Assessments:  1.  2.  3. | | | |

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| **Section 6: Distribution of Hours** | | |
| Learning Activity | Anticipated Hours | Actual Hours |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Totals: | 100 hours |  |

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| **Section 7: Approval of Proposal** | | | | | |
| Signing below indicates you agree with the terms of this proposal. | | | | | |
| Role | Name | Signature | dd | mm | yyyy |
| Student |  |  |  |  |  |
| Parent/Guardian |  |  |  |  |  |
| Grad Coach /Supervising Teacher |  |  |  |  |  |
| Project Mentor |  |  |  |  |  |
| Principal |  |  |  |  |  |
| Superintendent |  |  |  |  |  |

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| **Section 8: Credit Attained** |
| Standing Granted (SG) Section 8: To be completed by principal and grad coach/supervising teacher. |
| **Credit granted for Special Project Credit Course Level:** 🞐10 🞐20 🞐30  **Student: Learning ID #:** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **dd** | **mm** | **yyyy** |  | **dd** | **mm** | **yyyy** |
|  |  |  |  |  |  |  |  |
| Principal Signature |  |  |  | Grad Coach/Supervising Teacher Signature |  |  |  |

The signed proposal shall be kept on file for 5 years.