

Midyear Form

Due Dates: December 12, 2008

The purpose of this form is to:

1. verify that the student has completed 50% of his/her Community Learning Experience hours, and;
2. document any final changes in the student's project (changes to components, site, community consultant, etc.)

**All changes require your Advisor's approval and must be submitted using this form.
No change may be made to a student's project after this date.**

Student Information Section
To be filled out by the students—*PRINT ONLY*

CVU Faculty Advisor _____ House _____

Student Name _____

1. Project Contract:

NO, I have not made any changes to my project options (do not mark boxes below).

YES, I have made changes to my project options (check off your 3 new options below).

Please select all from column B *or* one from each column.

GC Component	Column A	Column B	Column C
Tri-Search Paper	<input type="checkbox"/> 6 + pages	<input type="checkbox"/> 8 + pages	<input type="checkbox"/> 12 pages
Community Learning Experience	<input type="checkbox"/> 20 + hours	<input type="checkbox"/> 30 + hours	<input type="checkbox"/> 45 + hours
Tangible Product	<input type="checkbox"/> optional	<input type="checkbox"/> Product represents significant learning	<input type="checkbox"/> Ambitious product w/ critique by CC

2. Project Components Details:

NO, I have not made any changes to my project components (do not fill in anything below)

YES, I have made changes to my project options (fill in *all* information below).

Graduation Challenge Title _____

Community Learning Experience Site _____

Tangible Product (if applicable) _____

Tri-Search Paper Focus: _____

I have read the Academic Honesty section of the GC handbook and have discussed it with my Advisor and parents/guardians. I understand that any form of plagiarism or academic dishonesty will result in the loss of the privilege of participating in any graduation activity. I attest that all information contained on this form is accurate.

Student Signature _____ **Date** _____

More on reverse side →

Community Consultant Sign-Off Section

Please Print ONLY

YES NO I can verify that this student has completed 50% of his/her Community Learning Experience hours (see student's log sheet).

YES NO The student and I have met or spoken by phone _____ times since September. (A minimum of one meeting per quarter is required for quarterly passing grade.)

YES NO Please contact me regarding this student.

The best time and way (list your phone number or e-mail address) to contact me is:

Please note any questions/concerns/comments about this student that you would like to share with his/her CVU Faculty Advisor.

Community Consultant Signature

Date

Thank you for your time and support of this student.

Mark your calendar

Friday, May 15, 2009 is Grad Challenge Presentation Day 8-3PM

Ask your student for the two-hour block during which s/he is presenting.

Graduation Challenge

CVU High School

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