Student Name:____

7

12

15

Submit Initial Product/Artifact Plan

Make Presentation to Authentic Audience

Review Project Status Senior Project Interview #2

Review Project Status Senior Project Interview #3

Portfolio Due

Priest River Lamanna High School Senior Project Parent/Guardian Acknowledgment and Contract 2019-20

| | As a parent/guardian, I recognize that all parts of the senior project are requirements by the State of Idaho and the West Bonner County School District for graduation. I understand that if my student does not complete these requirements by the date specified they will not have met that graduation requirement and WILL NOT participate in the graduation ceremony. They will NOT receive their high school diploma until the requirement has been met. | | |
|--|--|-----------------------------|--|
| | I fully understand that it is my student's responsibility to select the project topic, and it is not the school's responsibility to assign a topic. The topic must be introduced in a proposal letter, and the Senior Project teacher will determine whether or not a student's topic is appropriate and meets the guidelines of the senior project. | | |
| | Any academic dishonesty by the student on any part of the project may result in the student failing the project and forfeiting participation in the graduation ceremony and receiving their high school diploma. This includes forging signatures and/or falsifying hours on the project time log. I understand that project time out of school needs to be documented. | | |
| By signing below I agree to these terms and am showing my support for my student. I also acknowledge that I will read their proposal letter which acts as a contract between the student and the Senior Project teacher regarding the chosen senior project topic. | | | |
| Project Due Dates: | | | |
| | Week # 1 | Orientation | |
| | 3 | Identify Topic | |
| | 4 | Get Parental OK | |
| | | Begin Research | |
| | | Senior Project Interview #1 | |
| | 5 | Begin Product/Artifact | |
| | | Journal/Log | |
| | 6 | Select Community Service | |
| | | Select Mentor | |

Signatures:

Parent/Guardian

Student

Date

Parent/Guardian Phone

Parent/Guardian Email