

# Mentor Final Evaluation

Student Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

GEMS Advisor: \_\_\_\_\_

Project Title: \_\_\_\_\_

Mentor Name: \_\_\_\_\_

Mentor Phone: \_\_\_\_\_

This is to certify that I have completed a minimum of 15 hours under my mentor's supervision. I understand that if I commit forgery it will result in an unsatisfactory rating of my senior culminating project and affect my graduation status.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

*Please answer the following questions and send to GRANDVIEW HIGH SCHOOL by Friday, April 11, 2014  
(A stamped envelope should be provided by the student for you.) ATTN: Steve Long 1601 W. 5<sup>TH</sup> STREET  
GRANDVIEW, WA 98930:*

Mentor: Please list the dates you met with your mentee. \_\_\_\_\_

How did you observe and evaluate his/her Senior Project learning?

To your knowledge, did the student engage in a minimum of 15 hours of learning activities? \_\_\_\_\_

What do you consider to be the student's most significant accomplishment as a result of this project?

What additional learning/challenges did you observe?

How satisfied are you with the student's learning?

Please rate from 1 (not at all) to 5 (very). \_\_\_\_\_

Would you be willing to act as a Senior Project Mentor again? \_\_\_\_\_

Mentor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please contact Steve Long at (509) 882-8774 if you have any questions or concerns.*

*Grandview High School thanks you for your time and support.*