**Mentor Verification For**m **(Pg 3 of 4)**

**(This form must be completed by the mentor only!)**

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mentor Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job shadow occupation description\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As a mentor, we are asking you to verify this student’s efforts on his/her Senior Project. Since the time spent on the job shadow has been out-of-school, verification of the student’s effort is necessary. Please answer the following questions to help us evaluate your student’s project.

Are you a close relative of the BFHS student? Yes\_\_\_\_ No\_\_\_\_

(Close relative = Mom, Dad, Sister, Brother, Aunt, Uncle, Cousin, or Grandparent)

Do you have a minimum of 5 years work experience in this field? Yes\_\_\_\_ No \_\_\_\_ If no, how many years do you have? \_\_\_\_\_\_

Has the student completed the minimum 8 hours of unpaid/volunteer work? Yes\_\_\_\_ No\_\_\_\_

How many total hours has the student spent with you? \_\_\_\_\_\_\_\_\_\_\_\_\_

Your BFHS student should have previewed this document with you before they started their job shadow and answered any questions you had. Comment on how he/she did on this.

Please explain how this student has extended his/her learning beyond previous experience and knowledge by way of doing this job shadow.

What struggles did the student encounter and overcome during the project?

See Back🡪

**Mentor Verification For**m cont. **(Pg 4 of 4)**

What success have you seen this student achieve as a result of the project?

Would you mentor a Senior Project again? Yes\_\_\_ No\_\_\_

Would you be interested to be a part of the community panel that evaluates the senior’s oral presentation held in February? Yes\_\_\_\_ No\_\_\_\_ Maybe \_\_\_\_

Conditions?

We really appreciate your efforts in making this opportunity for our students so successful! Thank you for your time!

Mentor’s printed name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best time to call\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*\*\*\*\*\*\*\*\*\*****Mentor phone number necessary for document verification****\*\*\*\*\*\*\*\*\*\*\**