Mentoring/School to Work

Name: _____ Grade: _____ Where mentored _____

Answer the following questions **filling** the space provided below (must be hand written):

1. What did I learn? (include duties performed, likes and dislikes)
2. How does what I learned pertain to my future? (will you continue in a similar career, would you volunteer, etc.)
3. What was your favorite task/project you completed during your mentoring time?

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By signing below, I attest to completing mentoring to the best of my ability:

Student signature _____ Date: _____

By signing below, I agree the above student should receive credit for completing mentoring:

Teacher/Supervisor _____ Date: _____

Comments:

Please return to Guidance Counselor 2-3 days prior end of the semester.