

STUDENT PARTNERSHIP

Weekly Hours Student Signature Mentor Signature

Week 1			
Week 2			
Week 3			
Week 4			
Week 5			
Week 6			
Week 7			
*Week 8			
Week 9			
Week 10			
Week 11			
Week 12			
Week 13			
Week 14			
Week 15			
Week 16			

Total Hours: _____

***Week 8/progress check: _____**

Counselor Signature

Credit:

.5 credit will be earned with a pass/fail grade

Eligibility:

- 1. Must be a senior on track to graduate**
- 2. One Student Partnership per semester**

Requirement:

1. Time Sheet

- **Students should average 3 hours a week; minimum of 48 hours**
- **Turn in time sheet week 8 for counselor to review & signature**

2. Reflection Paper

- **This paper will allow you to express what you have learned and how you feel about the time you spent during your partnership. Please use at least 2 examples of activities, incidents, and/or programs that occurred while you were there. (Examples can be of times you worked with whole groups, individuals, moments that personally affected you, etc)**
- **Paper should be 1-2 pages in length, double spaced; font 12, your name and counselors name should be on the top**

**Turn in paper with completed Time Sheet week of
finals**

STUDENT PARTNERSHIP

Student Name:_____ **Student ID#**_____

Student Grade:_____ **Assigned Counselor:**_____

Student Email:_____

Student Cell Phone:_____

Partnership Location:_____

Partnership Mentor:_____

Mentor Email:_____ **Mentor Signature:**_____

Mentor Phone Number:_____

Students will earn a P (pass) or F (fail) for Student Partnership. In order to pass, students must be assigned a mentor and complete a minimum of 48 hours of service along with turning in the Time sheet and reflection paper at the end of the course during scheduled finals week.

I give permission for my son/daughter to be released from Bradford during the school day to attend Student Partnership at the above location and working with mentor above.

Semester 1: 1 2 3 4 5 6 7

Semester 2: 1 2 3 4 5 6 7

Parent /Guardian Signature_____ **Date**_____

Parent /Guardian Email_____

Parent / Guardian phone_____