

## **Capstone Mentor Agreement Form**

## Dear Parents/Guardians:

The Capstone Project is a learning opportunity that allows students to reflect on and share their learning and experience in personally meaningful ways, and is a requirement for both Career Life Connections and for meeting Graduation requirements.

Your child has expressed interest in engaging with a Mentor from the community, who they currently have knowledge of and/or a relationship with, to help with their Capstone Project. The student will communicate with the Mentor in a variety of ways, including phone conversations, email, or in-person meetings. Typically, a Mentor will be someone they know and already have an established relationship with, for example a coach, neighbour, or employer. The Mentor role typically includes the following:

- provide guidance in their field of expertise;
- provide descriptive feedback and ideas around the Capstone project;
- support students to develop action plans, and offer input on student goals;
- provide advice on the design and presentation of the Capstone; and
- introduce students to suitable resources, opportunities, and career pathways.

This letter, and your signature, confirms that you are aware of and support your child's selection of the following community member:

Mento	r Name:
Currer	nt Relationship with Mentor:
Title/P	osition:
Name	and Address of Organization:
Email:	
Phone	):
Parenta	I Acknowledgement:
I	( print name ), give permission for my child to have the
above ic	dentified community member act as their Mentor for their Capstone Project, and that I and that the District will not have oversight of the mentorship.
Parent/0	Guardian Signature:
Student	Name:
	Career Life Connection Teacher Approval
	Signature:
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