**Conemaugh Township Area High School Graduation Project**

**MENTOR/ADVISOR COMMENTS for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Student Name**

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

Advisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This comment sheet may be returned directly to the student in a *sealed* envelope or mailed to Conemaugh Township Area H.S., 300 West Campus Ave., Davidsville, PA 15928, Attn: Graduation Project.** If necessary, it may also be faxed to (814) 479-2038. (Student should inform you of deadline for returning the form.)

Please comment on the student’s project experience in the following areas:

1. Enthusiasm/Motivation
2. Punctuality
3. Initiative taken/Responsibility level
4. Effort
5. Communication with advisor/mentor

Feel free to use the back of the sheet to continue responses or to make any additional comments.

# Mentor/Advisor Signature:

#  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_