**Conemaugh Township Area High School**

**Senior Career Seminar**

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

 **Student Name**

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

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

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

***This comment sheet may be mailed to Conemaugh Township Area H.S., 300 West Campus Ave., Davidsville, PA 15928, Attn: Senior Career Seminar. It may also be faxed to (814) 479-2038. Forms may also be emailed to*** ***jodi.forgas@ctasd.org*** ***or*** ***tara.kimmel@ctasd.org*** ***(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
6. Total hours logged: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

# Mentor/Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**