

Graduation Project Verification Form

Student Name: _____ Date: _____

School: _____

| GRADUATION PROJECT COMPONENT | SCORE DATE | RATING | DATE SUCCESSFULLY COMPLETED |
|-------------------------------------|-------------------|---|------------------------------------|
| RESEARCH PAPER | | <input type="checkbox"/> <i>Not submitted</i> <input type="checkbox"/> <i>Rerubmission Necessary</i> <input type="checkbox"/> <i>Developing/Emerging</i> <input type="checkbox"/> <i>Satisfactory</i> <input type="checkbox"/> <i>Exemplary</i> | |
| PRODUCT | | <input type="checkbox"/> <i>Not submitted</i> <input type="checkbox"/> <i>Rerubmission Necessary</i> <input type="checkbox"/> <i>Developing/Emerging</i> <input type="checkbox"/> <i>Satisfactory</i> <input type="checkbox"/> <i>Exemplary</i> | |
| PORTFOLIO | | <input type="checkbox"/> <i>Not submitted</i> <input type="checkbox"/> <i>Rerubmission Necessary</i> <input type="checkbox"/> <i>Developing/Emerging</i> <input type="checkbox"/> <i>Satisfactory</i> <input type="checkbox"/> <i>Exemplary</i> | |
| ORAL PRESENTATION | | <input type="checkbox"/> <i>Not submitted</i> <input type="checkbox"/> <i>Rerubmission Necessary</i> <input type="checkbox"/> <i>Developing/Emerging</i> <input type="checkbox"/> <i>Satisfactory</i> <input type="checkbox"/> <i>Exemplary</i> | |
| GRADUATION REQUIREMENT | | <i>Successfully completed all components</i> | |

Graduation Project Coordinator's Signature: _____ Date: _____

Date entered into Home Base: _____ By: _____