

Community Contact Final HS Project Evaluation Form

Student's Name: _____

Community Contact's Name: _____

Date of Report: _____

1. What was the date of your most recent meeting with the student? _____

2. Did you observe and evaluate his/her RAM Project learning? Yes No

3. To your knowledge, did the student engage in a minimum of 10 hours of learning in the Activity/Experience component of the RAM Project? Yes No

Comments:

If "no", when do you think the student will be able to achieve significant progress toward the learning goals outlined in the project proposal?

Suggestions for what the student could do in order to be able to demonstrate the required project goals:

4. How satisfied are you with the student's learning and progress?
(not at all) 1 2 3 4 5 (extremely)

5. Do you need the student's RAM Prep teacher to contact you? Yes No

by phone at _____ by e-mail at _____

Community Contact's Signature: _____