

Senior Capstone Application Checklist

2019-2020



Application is complete! (Submit on Schoology on or before **Friday, February 21, 2020**)

Application is typed or neatly written

All questions are answered completely and thoroughly

STEP 1

Project title and description (page 2)

Independent Study Projects ONLY – deliverable outcome (page 3)

Professional Mentor Objective Form signed (page 4)

Copy of calendar signed by Professional Mentor (page 5)

Professional Mentor Form completed and signed (page 6)

Parent / Guardian Form completed and signed (page 7)

Agreement and Release of Liability Form signed (page 8)

Faculty Agreement Form signed by all second semester teachers (page 9)

Copy of rubric attached complete with name and project (page 10)

STEP 2

Fill out Googleform with basic information from application

[Senior Capstone Application: Part 2](#)

Due **DURING / AFTER** your Senior Capstone Experience

Written Reflections in a blog throughout the experience

Final Project - Showcase what you learned at the Community Fair (11:30-1:45) - June 4

June 4, 2020: Exit Interview with a member of the Capstone Committee

Final Reflections Survey (googleform)



Senior Capstone Committee
18301 MN-7
Minnetonka, MN 55345
briana.wilson@minnetonkaschools.org

Senior Capstone Application

2019-2020

Student Name: _____

Student Email: _____

Student Phone Number: _____

Check Internship, Service Project or Independent Study

INTERNSHIP / JOBSHADOWING

SERVICE PROJECT

INDEPENDENT STUDY

Senior Capstone Project Title: _____

Please complete ALL portions of the following application. Please note that specific and thoughtful responses, as well as proof of planning, will improve the likelihood of the project's acceptance. Additional pages may be added if space is insufficient.

Detailed description of your project:

What you hope to learn from this experience:

INDEPENDENT STUDY PROJECTS ONLY

**Complete this form only if you are applying to do an independent study project.
If you are applying to do an Internship / Job Shadow or Service Project, you may skip this page.**

Any student that is applying to do an independent study project will be expected to showcase their work at the culminating event for all Capstone students **AND** will need to share what they learned with an audience other than MHS. This person or group should benefit from what they learned.

INTERNSHIP / JOBSHADOWING

SERVICE PROJECT

INDEPENDENT STUDY

Who will benefit from what you learned? Why did you chose them to be your larger audience? Why will it be beneficial for them? Explain.

Where will you present your findings / product / project other than the Capstone fair? What are you hoping to show them? Why?

DOCUMENTATION OF AGREED UPON OBJECTIVES

Complete this form **WITH** your Professional Mentor

Senior Capstone Project Title: _____

Dates: May 21 – June 3 (50 hours – approximately 5 hours/day)

Student:

In your opinion how is this person qualified to supervise your project. Make sure to include relevant education and experience. Your supervisor CANNOT be a family member.

Professional Mentor & Student

What have you and your mentor agreed on as your objectives for your project?

- 1.
- 2.
- 3.

How will you achieve the objectives?

(This is a brief description of the project you will work on or how you will spend your time completing the project.)

Professional Mentor's Signature _____ **Date** _____

CALENDAR FOR SENIOR CAPSTONE PROJECT

Create a calendar and get your Professional Mentor's approval (signature below). Make sure to provide a DETAILED SCHEDULE. You need to account for **50 hours (approximately 5 hours/day)**. The calendar below is one possible format to use or feel free to create your own.

Your calendar must include 4 aspects. Check off the boxes when finished.

- 1) General description of daily responsibilities
- 2) Daily time commitment to project. Write how many hours you will be working on your project each day.
- 3) Hours working directly with professional mentor. How much will you work directly with your mentor?
- 4) Professional mentor's signature on the calendar

| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|--|--|-----------|---|-------------------|
| <p>Click here to see exceptions to the calendar for:</p> <ul style="list-style-type: none"> AP/IB testing band/choir/orchestra Science Research VANTAGE <p>Please note these exceptions on your calendar so you are able to more accurately plan with your mentor.</p> | | | 21 Senior Capstone Project Begins | 22 |
| 25 Memorial Day | 26 | 27 | 28 | 29 |
| June 1 | 2 | 3 | 4 Community Fair 11:30-1:45 Students will have an Exit Interview with a member of the Capstone Committee to finalize the experience. | 5 Senior Serve |
| June 8 Senior Serve | June 9 Graduation  | | | |

I have reviewed this daily schedule and proposed calendar and they meet my approval. I understand that the expectation is that the student completes 50 hours of work (approximately 5 hours/day).

Professional Mentor's Signature _____ **Date** _____

PROFESSIONAL MENTOR APPROVAL FORM

Dear Professional Mentor,

_____ is going to be working with you during the final two weeks of their senior year as part of the Minnetonka High School Senior Capstone Program. By signing this document, you are agreeing to act as the professional mentor for this student.

You will be asked to fill out an evaluation to verify the students' quality and completeness of their project. It is only through the support of individuals, organizations and agencies like yours that action-learning programs such as ours can take place successfully. Please return this form to the student, and keep a copy for your records.

The staff members at Minnetonka High School wish to thank you for your part in the educational experience of this student. Please contact the SENIOR CAPSTONE COMMITTEE (see below) if you have any comments, questions, or suggestions.

Professional Mentor's Contact Information:

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Connection to Senior Capstone topic: _____

In the space below, please **describe how you plan to interact with the student and the role that you will play in their Senior Capstone experience.**

Professional Mentor's Signature _____ **Date** _____



Senior Capstone Committee

Attn: Briana Wilson

18301 MN-7

Minnetonka, MN 55345

briana.wilson@minnetonkaschools.org

PARENT/GUARDIAN PERMISSION FORM

Dear Parent(s)/Guardian(s) of a senior applying to participate in the Senior Capstone Program:

A senior who applies for SENIOR CAPSTONE submits this proposal to the Senior Capstone Committee in order to be accepted. At this time, it is important for school personnel to know that your son/daughter has your support regarding the accompanying application, subject to revision by school personnel. By signing this form, attached to the application proposal, you are indicating that you support and approve the program.

Please contact the Senior Capstone Committee (see below) if you have any questions about the program.

Student Name _____

The attached application proposal for the Senior Capstone Program meets my educational expectations and, subject to revision by the Senior Capstone Committee and other staff at Minnetonka High School, has my approval and support.

Parent/Guardian Name (print)

Parent/Guardian Signature

Date

Parent/Guardian email address: _____

Parent/Guardian Daytime phone number: _____ - _____ - _____



Senior Capstone Committee
Attn: Briana Wilson
18301 MN-7
Minnetonka, MN 55345
briana.wilson@minnetonkaschools.org

AGREEMENT AND RELEASE OF LIABILITY FORM

MINNETONKA HIGH SCHOOL READ CAREFULLY BEFORE SIGNING Senior Capstone Project 2019-2020

Check One

- MINNESOTA
 OUTSIDE THE STATE OF MINNESOTA
 INTERNATIONALLY

1. _____, ("Student") is a senior student at Minnetonka High School ("School"). The undersigned (individually and collectively, "I") have chosen to and intend to allow Student to participate in a Senior Program

#2 Outside the state of Minnesota & International travel only

2. I have voluntarily arranged for Student to participate in a Program outside the City of Minnetonka which will include travel outside the state of Minnesota or United States to _____ for the dates of **May 21, 2020** through **June 4, 2020**. I, or others on my behalf, have made all the arrangements for the Student's participation in the Program including arrangements for transportation, housing and other goods and services. I understand that no one from the School or any agent on its behalf will accompany or supervise Student during any part of the Program, including travel to and from the Program and that Student will be totally without adult supervision for part or the entire Program, including transportation to and from the program.

("Program") as part of the Student's course work at the School.

3. I UNDERSTAND AND AM AWARE THAT DURING THE PROGRAM IN WHICH STUDENT WILL PARTICIPATE AND IN TRAVELING TO AND FROM THE PROGRAM CERTAIN RISKS AND DANGERS MAY ARISE, INCLUDING BUT NOT LIMITED TO, THE HAZARDS OF TRAVELING IN UNSAFE AREAS OR UNDER UNSAFE CONDITIONS, THE FORCES OF NATURE, THE NEGLIGENT OR RECKLESS ACTS OR OMISSIONS OR STRICT LIABILITY OF PERSONS OR ENTITIES PROVIDING GOODS OR SERVICES TO STUDENT, THEIR AGENTS, EMPLOYEES, OFFICERS, DIRECTORS, ASSOCIATES, AFFILIATED COMPANIES OR SUB CONTRACTOR, TRAVEL BY BOAT, AUTOMOBILE, TRAIN, SHIP, AIRCRAFT, BUS, OR OTHER MEANS OF CONVEYANCE, AN ACCIDENT OR ILLNESS IN PLACES WITHOUT ACCESS TO MEDICAL FACILITIES, TRANSPORTATION, OR MEANS OF RAPID EVACUATION AND ASSISTANCE.

4. I AM AWARE THAT STUDENTS PARTICIPATION IN THE PROGRAM AND/OR THE USE OF TRANSPORTATION, HOUSING AND DINING SERVICES, AND OTHER GOODS AND SERVICES IN CONNECTION WITH PARTICIPATION IN THE PROGRAM CARRIES A RISK OF SERIOUS PERSONAL INJURY, SERIOUS ILLNESS, DEATH AND PROPERTY DAMAGE OR LOSS. I EXPRESSLY AND VOLUNTARILY ASSUME ON BEHALF OF STUDENT AND FOR MYSELF ALL RISK OF INJURY, ILLNESS, DEATH AND PROPERTY DAMAGE OR LOSS THAT MAY RESULT FROM STUDENT'S PARTICIPATION IN THE PROGRAM AND TRAVEL TO AND FROM THE PROGRAM.

5. As consideration for being permitted to participate in the Program as the Student's Senior Program, I hereby RELEASE AND DISCHARGE the School and its officers, directors, faculty, agents, employees and legal representatives (" the Released Parties") from liability for injury, illness, death, damage or loss arising out of Student's participation in the Program or use of transportation, housing, dining or other goods and services, or arising out of any other activity incident to Student's participation in the Program, including any losses CAUSED BY THE NEGLIGENCE OR STRICT LIABILITY of the Released Parties. I do not release the Released Parties from liability from willful misconduct.

6. I also AGREE NOT TO SUE OR MAKE A CLAIM AGAINST THE RELEASED PARTIES for injury, illness, death, damage or loss sustained as a result of Student's participation in the Program. I will indemnify and hold harmless the Released Parties from all claims, judgments, and costs, including attorneys' fees, incurred in connection with any action.

I HAVE CAREFULLY READ THIS AGREEMENT AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I SIGN IT OF MY OWN FREE WILL.

Student Signature

Date

I am the Student's parent or legal guardian and I am signing this Release on my own behalf and on behalf of the Student and his/hers heirs and assigns. I HAVE CAREFULLY READ THIS AGREEMENT AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I SIGN IT OF MY OWN FREE WILL.

Parent Signature

Date

FACULTY AGREEMENT FORM

For participation in the Senior Capstone Project

STUDENTS: Please finish pages 2-7 **BEFORE** completing this form.

This form needs to be signed by your **SECOND SEMESTER** teacher.

Second Semester Teachers:

By signing this form, you agree that _____ has your permission to participate in the Senior Capstone Project, beginning May 21, 2020. You also agree that because students participating in the project are required to complete **50** hours of work (approximately 5 hours/day), you will exempt him or her from the last 2 weeks of course work (projects and exams) that occur during this time. If you have any questions and/or concerns, please contact Briana Wilson or administration.

print teacher's name

teacher signature

| | |
|-------------------------------------|--|
| 0 hour teacher: _____ | |
| 1 st hour teacher: _____ | |
| 2 nd hour teacher: _____ | |
| 3 rd hour teacher: _____ | |
| 4 th hour teacher: _____ | |
| 5 th hour teacher: _____ | |
| 6 th hour teacher: _____ | |

SENIOR CAPSTONE RUBRIC 2019-2020

- ACCEPTED
- PENDING
- DENIED

Student Name: _____



INTERNSHIP / JOBSHADOWING



SERVICE PROJECT



INDEPENDENT STUDY

Project Name: _____

THIS FOLLOWING SECTION IS TO BE COMPLETED BY THE SENIOR CAPSTONE COMMITTEE

| Acceptance requires a "Yes" in all categories | Comments | Yes | No |
|--|----------|-----|----|
| Completed Forms | | | |
| All portions of application turned in on time | | Yes | No |
| Professional Mentor Objective Form filled out and signed (page 4) | | Yes | No |
| Copy of Calendar filled out and signed by Professional Mentor (page 5) | | Yes | No |
| Professional Mentor Approval Form completed and signed (page 6) | | Yes | No |
| Parent/Guardian Permission Form signed (page 7) | | Yes | No |
| Agreement and Release of Liability Form signed (page 8) | | Yes | No |
| Faculty Agreement Form signed by all <u>second</u> semester teachers (page 9) | | Yes | No |
| Copy of Rubric Attached complete with name and project (page 10) | | Yes | No |
| Educational Justification | | | |
| Idea is clearly articulated | | Yes | No |
| Project is appropriately challenging | | Yes | No |
| Project demonstrates a legitimate educational opportunity | | Yes | No |
| Project has substantial educational merit | | Yes | No |
| If independent study project, student articulates WHO/WHEN/WHERE they will share what they learned/produced with a person, a group, or a place that could benefit from what they learned. (page 3) | N/A | Yes | No |
| Mentor's Information | | | |
| Mentor's role and interaction are clearly articulated | | Yes | No |
| Direct contact with mentor is clearly scheduled | | Yes | No |
| Mentor's expertise is aligned with project goals | | Yes | No |
| Mentor is <u>not</u> a parent | | Yes | No |
| Time Justification | | | |
| Calendar shows sufficient thought and detail (internships: provide hours worked) | | Yes | No |
| Enough work for 50 hours (approximately 5 hours daily) | | Yes | No |
| Very detailed daily schedule | | Yes | No |
| Clear justification of time use on calendar | | Yes | No |