

Yellow Springs Schools Credit Flexibility (YSSCF) Mentor Final Evaluation Report

COMPLETED BY MENTOR:

You have agreed to mentor a student through their YSSCF process. This program is an educational opportunity for the student to experience learning where the primary acquisition of knowledge and skills takes place outside of the high school's classrooms. Please complete the following form, which will be part of the student's final evaluation, and return it directly to Yellow Springs High School, to the attention of the YSHS Guidance Office

Your Name: _____ Title: _____
Name of student: _____ Date: _____

1) Briefly describe your role as mentor for this YSSCF. How did you assist the student? What was asked of you? How were your talents used?

2) Briefly describe how well the student followed the process for the YSSCF. Did the student meet deadlines? Did the student complete all the required work?

3) In your opinion, what were the student's strengths and/or weaknesses as they relate to this YSSCF?

4) Are you familiar with the national, state, and/or core standards for this particular area of study? If yes, did the student meet the learning objectives and goals outlined in their YSSCF.

5) For what reasons would you recommend this letter grade (and/or pass or fail) for this student's YSSCF learning experience with you?

Final Assessment:

Return to: YSHS; Attention: Guidance Office; 420 E. Enon Road, Yellow Springs, OH 45387

Pass _____

Fail _____

Recommended Letter Grade _____

Mentor Signature: _____ Date: _____