



Project Sheet

Name _____ Project _____ Date _____

Identify a concern

Ask yourself—

- Which project ideas deal with concerns that are most important to me?
- Which could lead to an in-depth project?
- Which can be finished in the time available?

My top concern is: _____

Set a goal

Here's what I hope to accomplish:

By _____, I will improve _____
 [date] [habit/activity/personal trait to be improved]

by _____
 [information to be learned, activity to be completed, or number to be reached]

Form a plan

Here's my plan:

Who:

What:

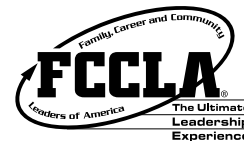
When:

Where:

How:

Resources: Attach a separate sheet listing **people, publications, and community agencies** that can help you with your project.





Proposed Project Checklist

Share this checklist with your adviser and/or evaluation team **before** starting your project.

- | | | |
|---|------------------------------|-----------------------------|
| Is the goal realistic for the available time? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Is it an in-depth project? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Is the project related to the unit topic? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Is the member assuming full responsibility for the project? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Is the project plan complete and clearly stated? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Will the project be the work of one individual? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Are the planned activities meaningful and significant to the project? | <input type="checkbox"/> yes | <input type="checkbox"/> no |

Answers to all questions should be “yes” for member to proceed.

Revisions suggested:

Adviser Signature _____ Date _____



Act

Here's what I accomplished:



Follow up

Here's what I learned:

What were the most successful parts of your project?

What would you change if you repeated the project?

Follow-up checklist (to be completed by adviser and/or evaluation team)

Did the student—

- | | | |
|--|------------------------------|-----------------------------|
| Achieve the original goal? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Complete all planned activities? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Devote in-depth effort to the project? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Complete the project alone? | <input type="checkbox"/> yes | <input type="checkbox"/> no |

Answers to all questions must be “yes” for approval of project.

Adviser Signature _____ Date _____

