

Appendix D: Special Project Proposal Template

Sections 1 & 2: To be completed by the student.

Please Print

Section 1: Student Information	
Last Name:	First Name:
Grade:	School:
Section 2: Project Overview	
The section below provides guidance on how to develop a project plan with guiding questions to help reflect upon your learning.	
Project Title/Topic:	Course Level: <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30
Project Description (attach additional documentation if required):	<p>Guiding Questions:</p> <ul style="list-style-type: none">• What are you going to do for your project?• What do you hope to accomplish?• Who or what organizations are going to be involved?• Who will be supporting you during this project (e.g., a mentor from the community, a teacher, an Elder)?• How does your special project differ from or build upon what you have learned in school?
Project Rationale (attach additional documentation if required):	<p>Guiding Questions:</p> <ul style="list-style-type: none">• Why are you interested in or passionate about this project?• How will this project impact you and influence your future goals?• In what ways will your project impact your community?

<p>Student Background (attach additional documentation if required):</p>	<p>Guiding Questions:</p> <ul style="list-style-type: none"> • Do you have previous experience in this area of study? If so, please describe. • How is this project going to be different from, or an extension of, what you have studied in school?
<p>Project Goals, Learning Activities and Project Documentation (attach additional documentation if required):</p>	<p>Guiding Questions:</p> <ul style="list-style-type: none"> • What do you hope to learn? • What knowledge/skills will you acquire or improve by pursuing this project? For example: <ul style="list-style-type: none"> ○ leadership abilities, ○ teamwork, ○ technological applications, ○ artistic processes. • How are you going to demonstrate that you achieved your goals? You might document your learning, for example, through: <ul style="list-style-type: none"> ○ journal entries or logs, ○ video or other media, ○ presentation or demonstration, ○ observation notes from your mentor, ○ periodic and final reports. • How will you challenge yourself and target different ways of learning? For example, through: <ul style="list-style-type: none"> ○ critical thinking, ○ researching, ○ skill building, ○ designing, modelling or creating.
<p>Project Plan (attach additional documentation if required):</p>	<p>Guiding Questions:</p> <ul style="list-style-type: none"> • What is the project timeline? (minimum of 100 hours) <ul style="list-style-type: none"> ○ start/end dates, ○ hours per day/week. • What resources will you need? • How often will you meet with supervising teacher and/or mentor? • How will you share your learning with others? For example: <ul style="list-style-type: none"> ○ peers, ○ community, ○ school.

Sections 3 - 5: To be completed by the school's supervising teacher in collaboration with student and mentor.

Section 3: Supervising Teacher Information	
Last Name:	First Name:
Phone Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Email:
Section 4: Project Mentor Information (if applicable)	
Last Name:	First Name:
Phone Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Email:
Section 5: Monitoring, Assessments and Evidence of Learning	
(Please refer to the student's statements in Section 2: Project Goals, Activities and Assessment. How will the project be monitored? What is the communication plan for reporting to ensure student, mentor, parent/guardian and teacher are informed? How will the learning be presented for assessment [video journal, photos, etc.]?)	
Evidence of Learning:	Assessments:

Attach additional pages if needed.



Student	Signature	<table border="1" style="margin: 0 auto; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Day</td> <td style="padding: 2px;">Mon</td> <td style="padding: 2px;">Year</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> </table>	Day	Mon	Year			
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Parent/Guardian	Signature	<table border="1" style="margin: 0 auto; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Day</td> <td style="padding: 2px;">Mon</td> <td style="padding: 2px;">Year</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> </table>	Day	Mon	Year			
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School's Supervising Teacher	Signature	<table border="1" style="margin: 0 auto; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Day</td> <td style="padding: 2px;">Mon</td> <td style="padding: 2px;">Year</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> </table>	Day	Mon	Year			
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Project Mentor	Signature	<table border="1" style="margin: 0 auto; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Day</td> <td style="padding: 2px;">Mon</td> <td style="padding: 2px;">Year</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> </table>	Day	Mon	Year			
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Principal or Designate	Signature	<table border="1" style="margin: 0 auto; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Day</td> <td style="padding: 2px;">Mon</td> <td style="padding: 2px;">Year</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> </table>	Day	Mon	Year			
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Superintendent (or designate) / Director of Independent Schools & Home-based Education, Ministry of Education /Approved Program Supervisor Name	Signature	<table border="1" style="margin: 0 auto; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Day</td> <td style="padding: 2px;">Mon</td> <td style="padding: 2px;">Year</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 40px; height: 20px;"></td> </tr> </table>	Day	Mon	Year			
Day	Mon	Year						

** The signed proposal is to be kept in the Student Cumulative file for 5 years. **