**Action Research Mentor Agreement Form**

**Due: October 21, 2019**

Thank you very much for agreeing to serve as a mentor for our student’s Senior Project. By serving as a mentor, you agree to help the student set a timetable for completion of the project, guide him or her along the way, and complete a progress evaluation. If you have any questions, please contact Sylvie Locke, Project Coordinator at 838-6672 ext. 113 or sylock@lisbon.k12.nh.us. Thank you. We appreciate your time and dedication.

I agree to serve as a mentor for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I have seen the project timeline packet and understand the expectations and my role.

**My contact information is:**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Place of business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone number where I can be reached during the day \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_**