Community Project Verification Form

Senior Project 2011/12
Kennedy High School

I,_____ , certify that _____ [senior student] carried through and fulfilled their project responsibilities for their senior project.

_____ _____
Community Member Signature Date

Please provide a brief summary of how the student executed his or her project below.

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Community Member Information
Name:
Title/Organization:
Number:
Address:

Note: Some Agencies and Community Members will be contacted if further verification is needed. If you have any questions or concerns about the performance or completion of the project please feel free to contact:
David Van Natten Email: david-vannatten@scusd.edu Phone: (916) 433 5200 x1024