

SCHOOL PROJECT VERIFICATION FORM

This form should be completed for the School project and placed in the front of the project notebook/scrapbook.

School: _____

Region: _____ Date: _____

Date Project Began: _____ Date Project Completed: _____

Purpose of Project: _____

Number of CTI Students on Project: _____

Name the CTI Student Project Team Members: _____

1. _____ 6. _____

2. _____ 7. _____

3. _____ 8. _____

4. _____ 9. _____

5. _____ 10. _____

Signature of Student Project Chairperson: _____

Signature of CTI Coordinator: _____

Signature of CTAE Director: _____