

GRADUATION REQUIREMENT

“ TEAM ENVIRONMENT ACTIVITY”

- Successfully participate in at ***least one club, sports team, school activity or community activity*** that involves working collaboratively to accomplish a task or complete a project as documented by the advisor, coordinator or coach.
- The activity must be ***pre-approved*** by the student’s guidance counselor.

Student Name: _____ Counselor: _____ House: _____

PART 1 – TO BE COMPLETED BY STUDENT FOR PRE-APPROVAL

CHECK OFF AT LEAST ONE BOX BELOW

Club: _____
Coach/Supervisor/Advisor: _____ Contact# : _____
Counselor Approval: _____ Date: _____

Team: _____
Coach/Supervisor/Advisor: _____ Contact#: _____
Counselor Approval: _____ Date: _____

School Activity: _____
Coach/Supervisor/Advisor: _____ Contact#: _____
Counselor Approval: _____ Date: _____

Community Activity: _____
Coach/Supervisor/Advisor: _____ Contact#: _____
Counselor Approval: _____ Date: _____

PART II - TO BE COMPLETED BY COACH/SUPERVISOR/ADVISOR UPON COMPLETION

Signature: _____ Contact#: _____ Date: _____

Comment: _____

Guidance Counselor Signature: _____