

Compacting Form and Project Description

Name of student: _____

Signature of student: _____

Signature of teacher: _____

Signature of parent/guardian: _____

Curriculum Area(s)	Speed up/Test-out/Eliminate	Project Description

Resources needed:

Steps in the project:

Criteria for quality work:

Due date:

Adapted from *The Compactor* by Joseph S. Renzulli and Linda H. Smith (Mansfield Center, CT: Creative Learning Press, 1978). Used with permission.

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Conference Log

Name: _____

Project advisor: _____

Topic for the project: _____

Date	Advisor's comments	Goals for next conference	Date of next conference

Mentor and Subject Area Specialist Application

Name: _____

Address: _____

Telephone: _____

Email: _____

What is the best way and time to reach you? _____

What skills, knowledge, or experience could you share with our students?

Are you interested in working:

- in the classroom doing a presentation?
- with a small group of interested students on a project?
- with an individual student on a project?
- other? (Please explain.)

Are you available:

- during the school day?
- directly before or after school?
- at other times or through media such as videotape? (Please explain.)

Would you be willing to provide weekly, ongoing advice and feedback (in person or via telephone or email) to a student working on a project in your area of interest or expertise?

- Yes No