

STUDENT PERFORMANCE REQUEST/REPORT

Date _____

Student Name(s) _____
or Student Organization _____

Faculty Advisor/Teacher _____

Performance Information

Date _____

Purpose:

Sponsor _____

Location:

Will School Transportation be Needed?

Yes

No

Transportation Costs Will be Paid by _____

Fee/Reimbursed Costs _____ Estimated Loss of School Time _____

Benefits to Students/District:

Performance Report

How well was purpose achieved?

Any major variations from the proposed plan?

How well did the students do?

What were the sponsors reactions?

Submitted by: _____ Date: _____

Approved:

Principal

Date: