

Senior Project Student Survival Guide  
John A. Johnson High School

Senior Project  
Lesson Documentation

Name \_\_\_\_\_ CIF # \_\_\_\_\_

Instructor Name \_\_\_\_\_

School or Program \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Best time to call \_\_\_\_\_

Description of Skills Learned \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Class Schedule \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**To be filled out by the instructor:**

I verify that \_\_\_\_\_ (student) spent \_\_\_\_\_ hours

attending lessons at \_\_\_\_\_ in order to learn the skills of \_\_\_\_\_

\_\_\_\_\_

Instructor comments \_\_\_\_\_

\_\_\_\_\_

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_