



## TROUP COUNTY BOARD OF EDUCATION

100 N. Davis Rd. Bldg. C, LaGrange, GA 30240 (706)812-7900 Fax (706)812-7904

### Capstone Project Proposal

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Career Interest Area: \_\_\_\_\_

Reason for choosing this career area (briefly explain why you chose this career and what you hope to learn from completing this project):

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What prior knowledge (if any) do you already have which relates to this project? (Explain how this project will help you gain new knowledge or information)

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How will completing this project help make the connection between your academic and career goals?

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What type of mentor will you need to help you complete your work-based learning and/or career-related capstone project? (i.e. physician, police officer, teacher, etc.)

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What evidence do you plan to provide of your career-related experience? (Which 5 options do you plan to complete for the product portion of your portfolio?)

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Student Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_