

STUDENT INFORMATION		
Student/Employee Name	Supervising Teacher	Supervising Teacher's Email
Student Grade	Student Address: (Street, City, State, and Zip)	
Student Email	Student Telephone Area/No.	
MENTOR/LOCATION INFORMATION		
Mentor	Mentor's E-Mail Address	Mentor's Phone
Student's Position		Start Date
Work-Based Learning Site (<i>Employer or Organization Name, street address, city, state, zip code</i>)		
Primary Responsibilities:		

SELF-ASSESSMENT	
Explain your past leadership experience, if any.	
Review the competencies of the <i>Wisconsin Youth Leadership Certificate</i> . Identify your leadership strengths and weaknesses.	
Strengths	Weaknesses
How can working toward this certificate help you capitalize on your strengths and work on your weaknesses?	

GOALS	
Set three measurable, specific goals that you would like to accomplish while working toward the <i>Wisconsin Youth Leadership Certificate</i> .	
How can each of your partners assist or support you in being successful in accomplishing your goals	
Mentor(s):	
Supervising Teacher:	Parent:
90 hours of leadership or service hours are required for completion of the <i>Wisconsin Youth Leadership Certificate</i> . Outline how you plan to complete these hours.	

VERIFICATION & SIGNATURES	
<p>The <i>mentor</i> agrees to partner with the school(s) to offer the <i>Wisconsin Youth Leadership Certificate</i>. The mentor will provide guidance and complete evaluations of the student's leadership performance; and confer with the <i>supervising teacher</i> periodically to determine in what way the student's learning on the job might be strengthened.</p> <p>The <i>student</i> agrees to perform all duties agreed upon in pursuit of the certificate. The student will conform to all rules and policies of the <i>organization, workplace, or activity</i> and the school. The student expects no special privileges, agrees to confer with the <i>supervising teacher</i> regarding any concerns encountered on the pursuit of the certificate.</p> <p>The <i>supervising teacher</i> agrees to provide <i>school-based learning and coordination</i> related to the needs of the student and <i>organization, workplace, and/or activities</i> in establishing a <i>Leadership Development Plan</i>, and to work with all partners involved to achieve the established goals.</p> <p>The <i>parent/guardian</i> agrees to cooperate with the school and other partners to assist the student in achieving the established goals of the <i>Wisconsin Youth Leadership Certificate</i> experience.</p>	
Student Signature	Mentor Signature
Date	Date
Parent Signature	Supervising Teacher Signature
Date	Date

The Wisconsin Department of Public Instruction does not discriminate on the basis of sex, race, color, religion, creed, age, national origin, ancestry, pregnancy, marital status or parental status, sexual orientation, or disability.