

## Science Teaching/Lab Assistant Program Application

*To be filled out by the student:*

Name:			
Year in School:	10	11	12
Counselor:			
Science Course(s) taken in high school:			
Science Course currently enrolled in:			
Taking this for ¼ credit or service hours?		_____ credit	_____ service
Preferred Mentor Teacher(s):			
What period do you have a study hall/open period this semester?			
Why do you want to serve as a teaching/lab assistant this semester?			
_____		_____	
Student Signature		Parent Signature	

*To be filled out by the mentor teacher:*

Have you interviewed this student?		_____ Yes	_____ No
Do you approve this student to work with you?		_____ Yes	_____ No
If so, for what period and course?			
What will be the student's job description?			
_____			
Mentor Teacher Signature			

*To be filled out by the department chair*

Do you approve this student appointment?		_____ Yes	_____ No
_____			
Department Chair Signature			

