

## Parent/Guardian Communication Form©

To the parents/guardians of \_\_\_\_\_ :

**Your son/daughter is about to embark upon an exciting educational journey!** The Capstone Project will provide enormous benefits for your child now and for the future. Successful completion of the Capstone Project is a valuable culmination of the educational content they have learned over their school career, as well as providing them the opportunity to learn and practice critical 21st century skills that they will need for their future endeavors. **This Capstone Project will fulfill one of the graduation requirements.**

Please take some time to discuss the project with your child, and initial each of the items below indicating that you have read and approve each.

\_\_\_\_\_ I approve of my child's selected Capstone Project

\_\_\_\_\_ I acknowledge that the intent of the Capstone Project is to demonstrate graduation competencies in English and /or math in order to meet Poudre School District graduation requirements. I agree that my child's Capstone Project will achieve this goal.

\_\_\_\_\_ I understand that some of the work to complete the Capstone Project will be completed outside of the normal school hours.

\_\_\_\_\_ I understand that some transportation for work related to the Capstone Project may be the responsibility of the student or parent.

\_\_\_\_\_ I understand that all costs and risks associated with the Capstone Project are the responsibility of the student or parent.

\_\_\_\_\_ I understand that integrity and honesty are just as important as all other aspects of the Capstone Project. Any suspicion that my child has plagiarized or has been dishonest in any aspect of the Capstone Project process may result in a referral to school Administration.

Parent/Guardian's Name (Print) \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Contact Information:

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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2021 Graduation Guidelines for Students with a Disability: Poudre School District, Larimer Re-1

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## Forma de Consentimiento de Padres/Tutores©

A los padres/tutores de \_\_\_\_\_ :

**¡Su hijo/hija está por aventurarse a una emocionante experiencia académica!** El Capstone Project (Proyecto de Capstone) proporcionará enormes beneficios para su hijo(a) ahora y para el futuro. Terminar satisfactoriamente el Proyecto Capstone es una herramienta valiosa para determinar el dominio del material educativo que han aprendido en los últimos 12 años, así como también proporcionarles la oportunidad de aprender y practicar las habilidades fundamentales del programa 21st century que necesitarán para sus metas futuras.

Por favor tómese un tiempo para hablar del proyecto con su hijo, y escriba sus iniciales en cada uno de los puntos de abajo para indicar que usted lo ha leído y está de acuerdo con cada uno.

\_\_\_\_\_ Estoy de acuerdo sobre la selección de mi hijo al Capstone Project

\_\_\_\_\_ Reconozco que el propósito del Capstone Project es demostrar las habilidades de graduación en inglés y/o matemáticas para poder cumplir con los requisitos de graduación del Poudre School District. Estoy de acuerdo en que el Proyecto Capstone de mi niño logrará esta meta.

\_\_\_\_\_ Entiendo que parte del trabajo que se requiere para terminar el Capstone Project tendrá que ser completado fuera del horario normal de la escuela.

\_\_\_\_\_ Entiendo que todo el transporte para el trabajo que se relaciona con el Capstone Project es responsabilidad del estudiante o del padre.

\_\_\_\_\_ Entiendo que todos los costos y riesgos asociados con el Capstone Project son responsabilidad del estudiante o del padre.

\_\_\_\_\_ Entiendo que la integridad y la honestidad son igual de importantes que todos los demás aspectos del Capstone Project. Cualquier sospecha de que mi hijo ha copiado o ha sido deshonesto en cualquier aspecto del proceso del Capstone Project pudiera resultar en una referencia para la administración escolar.

Nombre de Padres/Tutores (Escrito) \_\_\_\_\_

Firma de Padres/Tutores \_\_\_\_\_ Fecha \_\_\_\_\_

Información de Contacto de Padres/Tutores:

Teléfono: \_\_\_\_\_ Correo Electrónico: \_\_\_\_\_

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