



# power of **One** Project Sheet

Name \_\_\_\_\_ Project \_\_\_\_\_ Date \_\_\_\_\_

## Identify a concern

Ask yourself—

- Which project ideas deal with concerns that are most important to me?
- Which could lead to an in-depth project?
- Which can be finished in the time available?

My top concern is: \_\_\_\_\_

## Set a goal

Here's what I hope to accomplish:

By \_\_\_\_\_, I will improve \_\_\_\_\_

[date]

[habit/activity/personal trait to be improved]

by \_\_\_\_\_

[information to be learned, activity to be completed, or number to be reached]

## Form a plan

Here's my plan:

Who:

What:

When:

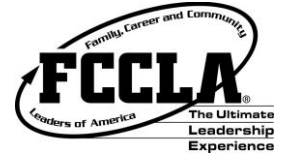
Where:

How:

Resources: Attach a separate sheet listing **people, publications, and community agencies** that can help you with your project.

## Proposed Project Checklist

Share this checklist with your adviser and/or evaluation team **before** starting your project.



- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Is the goal realistic for the available time?                         | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Is it an in-depth project?  | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Is the project related to the unit topic?                             | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Is the member assuming full responsibility for the project?           | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Is the project plan complete and clearly stated?                      | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Will the project be the work of one individual?                       | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Are the planned activities meaningful and significant to the project? | <input type="checkbox"/> yes | <input type="checkbox"/> no |

Answers to all questions should be "yes" for member to proceed.

Revisions suggested:

Adviser Signature \_\_\_\_\_

Date \_\_\_\_\_



### Act

Here's what I accomplished:



### Follow up

Here's what I learned:

What were the most successful parts of your project?

What would you change if you repeated the project?

### Follow-up checklist (to be completed by advisor and/or evaluation team)

Did the student—

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Achieve the original goal?             | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Complete all planned activities?       | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Devote in-depth effort to the project? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Complete the project alone?            | <input type="checkbox"/> yes | <input type="checkbox"/> no |

Answers to all questions must be "yes" for approval of project.

Adviser Signature \_\_\_\_\_

Date \_\_\_\_\_

