

## Project Check-off and Equipment Request for Oral Presentation

Your name \_\_\_\_\_ Date \_\_\_\_\_ Coach \_\_\_\_\_

Project title (be descriptive): \_\_\_\_\_

To get a presentation date you must have each of the following items checked off as complete by our Connections coach.

- \_\_\_\_\_ 1. Accepted application
- \_\_\_\_\_ 2. Mentor signed off that project was completed as planned
- \_\_\_\_\_ 3. Finished 20-hour project
- \_\_\_\_\_ 4. Journal of progress
- \_\_\_\_\_ 5. Completed project as proposed in application
- \_\_\_\_\_ 6. Accepted written analysis paper
- \_\_\_\_\_ 7. Practice presentation done at home and signed off
- \_\_\_\_\_ 8. Practice presentation done with coach

Coach's signature: \_\_\_\_\_

### Equipment Request

What equipment will you need for your presentation? (Check all that apply) If you need materials that are not listed below, you will need to provide them. Turn in your request early to insure you get the equipment you want.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Overhead projector | <input type="checkbox"/> TV            | <input type="checkbox"/> VCR                      |
| <input type="checkbox"/> DVD player         | <input type="checkbox"/> Computer      | <input type="checkbox"/> LCD Multimedia Projector |
| <input type="checkbox"/> Speakers           | <input type="checkbox"/> Table         | <input type="checkbox"/> White or Chalkboard      |
| <input type="checkbox"/> Quick Time Media   | <input type="checkbox"/> Laser Pointer | <input type="checkbox"/> Downstairs room          |
| <input type="checkbox"/> Band Stand         | <input type="checkbox"/> Elmo          | <input type="checkbox"/> Other _____              |

**It is the student's responsibility to know how to operate all requested equipment.**

**You must confirm your equipment request in writing with the Connections coordinator at least one week prior to the presentation to guarantee your equipment.**