

## ProStart ACCOUNTABILITY FORM

\_\_\_\_\_ First Semester (Due Nov. 30)

\_\_\_\_\_ Second Semester (Due May 1)



<b>School:</b>	
<b>ProStart Advisor:</b>	

<b>Number of Registered ProStart Members:</b> (attach copy of registration or member list)	
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<b>Competition Team Captain:</b>
<b>Competition Team Members:</b>

<b>Required Events:</b> (Check off each required item as completed.)			
<b>Fall Semester</b>		<b>Spring Semester</b>	
<input type="checkbox"/>	Register ProStart members (attach list)	<input type="checkbox"/>	Hold a minimum of six team practices.
<input type="checkbox"/>	Select and identify competition team	<input type="checkbox"/>	Attend and, if qualified, participate in state competition (submit report to coordinator)
<input type="checkbox"/>	Select and identify team captain	<input type="checkbox"/>	Organize and participate in one community service project
<input type="checkbox"/>	Attend ProStart advisor training meetings	<input type="checkbox"/>	Complete and submit ProStart Accountability Form by May 1
<input type="checkbox"/>	Participate in fall training (submit report to coordinator)	<input type="checkbox"/>	
<input type="checkbox"/>	Complete and submit ProStart Accountability form by Nov. 30	<input type="checkbox"/>	

<b>Meetings and ProStart Competitions:*</b> (List team practices, team fund raising events, service opportunities, ProStart competitions and other events your group participated in this semester.)	
<b>Dates(s)</b>	<b>Description of Event</b>

\*Attach additional pages as needed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(ProStart Advisor)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(CTE Coordinator)