



Senior Civic Action Project Group Information Form



Teacher Name:	Period:

Senior Project Title:

Policy Implication:

GROUP INFORMATION:

Group Liaison:	
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	Group Members:	E-Mail:	Cell#
1.			
2.			
3.			
4.			

Form Completed:	Submitted By:	Date:	Teacher Critique (√)	Form Re-written (√)
CAP Proposal				
CAP Thinking it Through				
CAP Civic Action #1*				
CAP Civic Action #2*				
CAP Civic Action #3*				
CAP Civic Action #4*				
CAP Civic Action #5				
CAP Civic Action #6				
CAP Final Report				

* **Required** Civic Actions