

# DISTINGUISHED ACHIEVEMENT PROGRAM

## VERIFICATION DOCUMENT FOR STANDARD #4 STUDENT ACTION/LEADERSHIP ACTIVITY

To meet the criteria for this standard, I must **devise a plan of action and organize a group of people** to successfully carry out that plan to completion. I have \_\_\_\_\_

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The instructor or adult supervising my activity/project was: \_\_\_\_\_

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**The following portion of this form should be filled out by the adult activity sponsor.**

The project or activity was completed on \_\_\_\_\_ (Date)

I would rate the activity as follows based on the action and leadership abilities shown by this student: \_\_\_ Excellent \_\_\_ Good \_\_\_ Satisfactory \_\_\_ Poor \_\_\_ Not acceptable

The reasons for my rating are as follows: \_\_\_\_\_

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In my opinion, this student has \_\_\_ met the criteria for DAP standard #4  
\_\_\_ not met the criteria for DAP standard #4

Signature of adult supervisor: \_\_\_\_\_

Phone number if not a school staff member: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Grade/team

\_\_\_\_\_  
Parent Signature