



# Lafayette School Corporation Project Based Learning Verification Letter



To Whom It May Concern:

Please accept this letter as confirmation that the student listed below successfully completed a Project Based Learning Activity that meets the requirements for Employability.

Student Name: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

Class Name: \_\_\_\_\_ Project Date(s): \_\_\_\_\_

Project Title: \_\_\_\_\_

Project Description: \_\_\_\_\_

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The student was actively engaged in the project?

Yes

No

The student has demonstrated employability skills?

Yes

No

I recommend that the above named student be awarded completion status in meeting Indiana's employability skills benchmark based on my evaluation of their work-based learning experience and through regular interactions with this student.

Yes

No

Teacher Signature: \_\_\_\_\_

Date: \_\_\_\_\_