

GUILFORD LEVEL ONE ENSEMBLE MENTOR VERIFICATION SHEET

This form verifies that _____ has been mentoring
(Student Name)

at _____ for Quarter _____
(School Name) (1, 2, 3, or 4)

under the direction of _____
(School Music Director)

Days of the week mentoring took place and total hours during the quarter:

Please list all responsibilities and include the age range and instrument that this high school student has mentored:

(School Music Director's Signature)

(Student Signature)