OUTSIDE EXPERT VALIDATION FORM

| Student Teacher Mentor | |
|--|------------------|
| Outside Expert Name | |
| Job Title/Name of Business | |
| Address of Business | |
| Email | |
| Phone # | |
| FAX # if applicable | |
| Expert's website address (URL) if applicable | |
| How did you meet or locate this person? | |
| | |
| What makes this person an expert on your topic? What are his/her credentials? | |
| | |
| Proof that Outside Expert was contacted and agrees to serve : | |
| Conversation or communication with the outside expert /proof that you have interviewed the Did you communicate in person, on the phone or through email? Phone conversation: | - |
| Date and time of conversation | |
| From where did you place the call? (School, home, _) | <u> </u> |
| ATTACH the interview questions and answers. If email correspondence was used, use PRINT VIEW and attach the print-out from your account. (Save the email until the completion of your presentation.) Store in mentor's classroom SRT file. |) . |
| MENTOR Teacher Signature indicates completion | |
| CLOSURE COMMUNICATION This may be a Thank You note, an invitation to the presentation, and/or a summary of how went, (and how their input made it that much better.) | the presentation |
| Closure communication composed and approved (date)/Mentor Teacher Initials sent (date)/Mentor Teacher Initials | |