



Carteret County Schools Graduation Project  
**PRODUCT PLAN**

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

Where will you primarily be working?	
Briefly describe the physical activities involved.	
What equipment needs will you have and how will you satisfy those needs?	
Will this activity meet and/or exceed the required 15 hours? How do you know?	
What will you have produced by the end of this activity?	
What obstacles do you anticipate encountering?	
How do you intend to overcome them?	

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Academic Advisor Approval Signature: \_\_\_\_\_

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



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