



# International Baccalaureate Form CAS/AEF

## CAS: activity/project self-evaluation form

SUBMIT TO: **ACTIVITY/PROJECT LEADER**

SESSION: .....

SCHOOL NUMBER: 

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SCHOOL NAME: .....

- *The following questions should be addressed at the end of each activity/project. These are guiding questions. Candidates can either answer on this form or write a reflective, continuous text incorporating responses to these questions. Type the information or write legibly using black ink.*

### CANDIDATE SELF-EVALUATION

CANDIDATE NAME: .....

CANDIDATE SESSION NUMBER: 

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NAME OF ACTIVITY/PROJECT: ..... NO OF HOURS (APPROX): 

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1. Summarise what you did in this activity/project and how you interacted with others.

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2. Explain what you hoped to accomplish through this activity/project.

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3. How successful were you in achieving your goals? What difficulties did you encounter and how did you overcome them?

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4. What did you learn about yourself and others through this activity/project? What abilities, attitudes and values have you developed?

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## International Baccalaureate

## Form CAS/AEF (reverse)

SCHOOL NAME: .....

**5.** Did anyone help you to think about your learning during this activity/project? If so, who helped and how did they help?

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**6.** How did this activity/project benefit others?

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**7.** What might you do differently next time to improve?

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**8.** How can you apply what you have learned in other life situations?

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Candidate's signature: ..... Date:.....

### To be completed by the activity/project leader

Punctuality and attendance: .....

Effort and commitment: .....

Further comments: .....

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The activity/project was (circle the desired response):

Satisfactorily completed

Not satisfactorily completed

Activity/project leader's name: .....

Activity/project leader's signature: ..... Date: .....

*Please give this form to the CAS coordinator when it has been completed.*



# International Baccalaureate Form CAS/SFS

## CAS: student final summary

SUBMIT TO: **CAS teacher** SCHOOL DEADLINE: ..... SESSION: .....

SCHOOL NUMBER: 

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SCHOOL NAME: .....

- *Type or write legibly using black ink.*
- *This form is to be retained by the school. Do not send to the regional office unless requested.*

CANDIDATE NAME: .....

CANDIDATE SESSION NUMBER: 

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Indicate below the CAS activities/projects in which you have been involved and the hours dedicated to each one with a total number of hours for the whole CAS course.

Number of CAS activities/projects which you have undertaken 



 Total hours dedicated

Activities/projects	Approximate no of hours
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16	<table border="1" style="width: 30px; height: 20px;"></table>

## International Baccalaureate

## Form CAS/SFS (page 2)

CANDIDATE NAME: .....

CANDIDATE SESSION NUMBER: 

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Write a clear and complete critical reflection on your entire CAS experience, following the same performance criteria as indicated on the activity/project self-evaluation form CAS/AEF

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Candidate's signature: .....

Date: .....

CAS coordinator's name: .....

I guarantee the information given is correct.

CAS coordinator's signature: .....

Date: .....