

CAS SELF-EVALUATION FORM
International Baccalaureate Program
C. Leon King High School 000776

CAS Form #:

Part One: Pre-approval

Student's name: _____ Grade: _____

Type of Activity: _____ Creative _____ Action _____ Service

FOR SERVICE ACTIVITIES ONLY: What **SOCIAL ISSUE** is being addressed? _____

Name of sponsoring organization and brief description of planned activity:

STUDENT MUST HAVE PRE-APPROVAL FROM A PARENT AND AN IB TEACHER PRIOR TO START OF ACTIVITY.

Parent Signature: _____ Date: _____

School Representative Signature: _____ Date: _____

Part Two: Activity Log

Date	Starting Time	Ending Time	Duration	Activity or Activities	Verified

STOP !!! IF IT HAS BEEN 30 DAYS FROM THE BEGINNING OF THIS ACTIVITY OR YOU HAVE REACHED THIS LINE, IT IS TIME TO USE THE CONTINUATION LOG SHEET (see back for instructions)

Total Hours Served: _____ **Circle one: C A S**

If this is a copy of the original CAS form,
check here ☐
Then, attach the Continuation Log.

To be completed by the Activity Leader:

Part Three: Evaluation

The activity was (circle the desired response): _____ Satisfactorily completed _____ Unsatisfactorily completed _____

Activity leader's name and sponsoring organization: _____ (PLEASE PRINT)

Contact phone number : _____

Activity leader's signature: _____ Date: _____

Pre IB: 50 Total Hours

25 Service Hours
(Addressing no more than 3 social issues from the
Bright Futures District Guidelines)
10 Action Hours
10 Creative Hours
5 hours in any area
*Note Continuation Log Sheet procedures on back

IB: 150 Total Hours

75 Service Hours (Addressing no more than 3 social issues
from the Bright Futures District Guidelines)
25 Action Hours
25 Creative Hours
25 hours in any area
Must fulfill 8 Learning Outcomes (back of form)
CAS Project (30 hrs minimum- already included in the 150)
*Note Continuation Log Sheet procedures on back

CONTINUE ON REVERSE
Updated 06/13/2012

Part Four: Self-evaluation

At the completion of the activity, reflect on your experience by using the following eight learning outcomes. You may attach another sheet if necessary. Please check off the learning outcome(s) that you addressed through your CAS activity. Below, describe in depth how you have achieved each learning outcome in your activity and describe what you learned from your experience. If describing more than one outcome, please use separate paragraphs. Clearly label by number each learning outcome described. **Note: All eight learning outcomes must be achieved by the completion of the Diploma Programme.**

Learning Outcomes	Achieved (√)	Date(s)
1. Increased my awareness of my own strengths and areas for growth		
2. I have undertaken new challenges		
3. I have planned and initiated activities		
4. I have worked collaboratively with others		
5. I have shown perseverance and commitment in my activities		
6. I have engaged with issues of global importance		
7. I have considered the ethical implications of my actions		
8. I have developed new skills		

Student's signature: _____ Date: _____

Part Five: Final verification

Homeroom Teacher's Signature: _____ Date: _____

- RETURN THIS FORM TO YOUR HOMEROOM TEACHER WITHIN 30 DAY OF COMPLETION OF THE ACTIVITY.
- IF CONTINUING THIS ACTIVITY, COPY THIS FORM (FRONT AND BACK)
 1. PRINT "SEE ATTACHED LOG" ON THE FRONT OF THIS FORM
 2. ATTACH A CONTINUATION LOG TO THIS COPY
 3. SUBMIT, AT THE END OF EACH CALENDAR MONTH, UNTIL THE ACTIVITY HAS ENDED
 (Forms for summer activities must be submitted within a month of the beginning of the school year.)