

# CASPORT

Year: \_\_\_\_\_



Linden High School  
001313

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

Candidate Number: \_\_\_\_\_



## Candidate's Notes

## Creativity, Actions, Service (CAS)

Creativity, action, and service (CAS) is at the heart of the Diploma Program. It is one of the three essential elements in every student's Diploma Program experience. It involves student participation in a range of activities alongside their academic studies throughout the Diploma Program. A minimum of 150 hours (75 in the junior and 75 in the senior years) must be reached throughout the Diploma Program experience. The three strands of CAS, which are often interwoven within particular activities, are characterized as follows.

**Creativity:** arts, and other experiences that involve creative thinking

**Action:** physical exertion contributing to a healthy lifestyle or completing academic work elsewhere

**Service:** an unpaid and voluntary exchange that has a learning benefit for the student.

The activities you decide to take part in will be both inside and outside of the school environment. The most important things to consider when doing CAS are that each activity should involve:

- real, purposeful activities, with significant outcomes
- personal challenge- tasks must extend the student and be achievable in scope
- thoughtful considerations, such as planning, reviewing process, reporting
- reflection on outcomes and personal learning

### **Suggested project and activity possibilities**

Here are some examples of activities submitted by previous IB Candidates. While it is not necessary that all components be met equally, it is important that all three themes are represented in your CAS reports over the next two years.

Note: **This is not an all-inclusive list.** It is provided to help you get started. The more interesting, unique, and fun you can make a project or activity, the more beneficial it will be to you and your learning. If you need help meeting any of your CAS components, please see me for guidance.

### **Creativity**

Art: computer graphics, web design, photography, painting, ceramics, sculpture, design a mural

Writing: context, colonnade, sportsman, poetry, creative writing

Drama: Drama Club, performing, stage crew, musical theatre.

Music: vocals or instrumental

Dance: tap, jazz, modern, ballet

### **Action**

Sports: intramural, interscholastic, travel or club teams, recreation teams, ROTC

Recreation: chess, fishing, skiing, skating

One time events: walk-a-thons, "Day" events.

### **Service**

Clubs: Environmental Club, Safe Haven, Key Club, Youth for United Way, Learn and Serve, National Honor Societies

Tutoring: Teddy Program, After School Tutoring Programs

Scouting: Girls and Boys Scouts of America

Volunteer: Trinitas Hospital, Linden Animal Shelter, Habitat for Humanity, local soup kitchens and food shelves, political campaigning. Church outreach (non-religious)

## CAS Learning Outcomes

Successful completion of CAS is a requirement for the award of the IB Diploma. The guidelines for the minimum amount of CAS activities is approximately 150 hours total (over the two year program) with reasonable balance between creativity, action and service. Students need to document their activities and provide evidence that they have achieved eight key learning outcomes.

As a result of their CAS experiences as a whole, including their reflections, there should be evidence that students have:

- Increased awareness of strengths and areas for growth  
Students are able to see themselves as individuals with various skills and abilities, some more developed than others, and understand that they can make choices about how they wish to move forward.
- Undertaking new challenges  
A new challenge may be an unfamiliar activity, or an extension to an existing one.
- Planned and initiated activities  
Planning and initiation will often be in collaboration with others. It can be shown in activities that are part of larger projects, for example, ongoing school activities in the local community, as well as in small student-led activities.
- Working collaboratively with others  
Collaboration can be shown in many different activities, such as team sports, playing music in a band, or helping in a kindergarten. At least one project, involving collaboration and the integration of at least two of creativity, action and service, is required.
- Showing perseverance and commitment  
At a minimum, this implies attending regularly and accepting a share of the responsibility for dealing with problems that arise in the course of activities.
- Engaged with issues of global importance  
Students may be involved in international projects but there are many global issues that can be acted upon locally or nationally (for example, environmental concerns, caring for the elderly).
- Consideration of ethical implications  
Ethical decisions arise in almost any CAS activity (for example, on the sports field, in musical composition, in relationships with others involved in service activities). Evidence of thinking about ethical issues can be shown in various ways, including journal entries and conversations with CAS advisors.
- Developing new skills  
As with new challenges, new skills may be shown in activities that the student has not previously undertaken, or in increased expertise in an established area.

All eight outcomes must be present for a student to complete the CAS requirement. Some outcomes may be demonstrated many times, in a variety of activities, but completion requires only that there is some evidence for every outcome.

## Planning Form

Please write neatly using **black or blue ink**.

List the activities/projects in which you will be participating over the next two years. This may include, but is not limited to: clubs, sports teams, honor societies, and outside organizations as well as one-time events for a charity or a school wide activity. **Circle the letters C (Creativity), A (Action), S (Service) or any combination that is appropriate. Indicate the time frame when you will be participating in your activity such as Fall, Winter, Spring, School Year, Other (if it is a one-time event).**

	Activity/ Project		Estimated # of Hours	Time Frame	PAGE #
1.	_____	C A S			8
2.	_____	C A S			14
3.	_____	C A S			20
4.	_____	C A S			26
5.	_____	C A S			32
6.	_____	C A S			38
7.	_____	C A S			44
8.	_____	C A S			50
9.	_____	C A S			56
10.	_____	C A S			62
11.	_____	C A S			68
12.	_____	C A S			74
13.	_____	C A S			80
14.	_____	C A S			86
15.	_____	C A S			92
16.	_____	C A S			98

USE THE LIST ON THE PREVIOUS PAGE TO HELP YOU FILL IN THE FOLLOWING CHART

Anticipate Learning Outcome	Activities or Projects
An activity that will increase awareness of your strengths and areas for growth	
An activity where you will undertake new challenges	
An activity where you may plan and initiate activities	
An activity in which you will work collaboratively with others	
An activity that demonstrate perseverance and commitment	
An activity in which you will engage with issues of global importance	
An activity that allows you to develop a new skill	
An activity where you will consider the ethical implications of your actions.	

Which activities will be based in school?

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Which activities will not be based in school, but in Linden?

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Will any activities take place beyond Linden? List and indicate where.

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## Activity Evidence

### Evidence of Completion

Any journals, photos, letters, web address, or other information that supports your CAS experiences in this activity

## Activity Evidence

### Evidence of Completion

Any journals, photos, letters, web address, or other information that supports your CAS experiences in this activity

**Form CAS/AEF**  
**CAS: Activity Self-Evaluation Form**

SUBMIT TO: ACTIVITY LEADER

Session: \_\_\_\_\_

SCHOOL CODE: \_\_\_\_\_

School Name: \_\_\_\_\_

**Candidates must complete a copy of this form at the end of each activity. Type the information or write legibly using black ink.**

**CANDIDATE SELF EVALUATION**

Candidate Name: \_\_\_\_\_

Candidate No.: \_\_\_\_\_

Name of Activity: \_\_\_\_\_

No. of Hours \_\_\_\_\_ (approx)

1. Summarize what you did in this activity and how you interacted with others.
2. Explain what you hoped to accomplish through this activity.
3. How successful were you in achieving your goals? What difficulties did you encounter and how did you overcome them?
4. What did you actually learn about yourself and others through this activity?
5. Did anyone help you think about your learning during this activity? If so, who helped and how did they help?
6. How did this activity benefit others?
7. What might you do differently next time to improve?
8. How can you apply what you have learned in other life situations?

Candidate's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY ACTIVITY LEADER:**

Punctuality and attendance: \_\_\_\_\_

Effort and commitment: \_\_\_\_\_

Further Comments: \_\_\_\_\_

(additional comments may be attached on an additional page)

This activity was (circle the desired response)    Satisfactorily completed    Not satisfactorily completed

Activity Leader's Name: \_\_\_\_\_

Activity Leader's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Activity Proposal #2

<b>Description of Activity</b>	<b>Learning Outcomes Met</b> (refer to page 5)
Activity: _____	
Organization: _____	
Supervisor Signature: _____	
Supervisor Name: _____	
Supervisor Contact Information: _____	
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<b>Description of Activity and Goals</b>	
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CAS Advisor Initials/Date: _____	

### Personal Reflection

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Candidate Signature:

Approx. Hours:

## ACTIVITY HOUR LOG

Date	Time	Brief Description	# of Hours
<b>TOTAL HOURS:</b>			

## Activity Evidence

### Evidence of Completion

Any journals, photos, letters, web address, or other information that supports your CAS experiences in this activity



## Activity Evidence

### Evidence of Completion

Any journals, photos, letters, web address, or other information that supports your CAS experiences in this activity

**Form CAS/AEF**  
**CAS: Activity Self-Evaluation Form**

SUBMIT TO: ACTIVITY LEADER

Session: \_\_\_\_\_

SCHOOL CODE: \_\_\_\_\_

School Name: \_\_\_\_\_

**Candidates must complete a copy of this form at the end of each activity. Type the information or write legibly using black ink.**

**CANDIDATE SELF EVALUATION**

Candidate Name: \_\_\_\_\_

Candidate No.: \_\_\_\_\_

Name of Activity: \_\_\_\_\_

No. of Hours \_\_\_\_\_ (approx)

1. Summarize what you did in this activity and how you interacted with others.
2. Explain what you hoped to accomplish through this activity.
3. How successful were you in achieving your goals? What difficulties did you encounter and how did you overcome them?
4. What did you actually learn about yourself and others through this activity?
5. Did anyone help you think about your learning during this activity? If so, who helped and how did they help?
6. How did this activity benefit others?
7. What might you do differently next time to improve?
8. How can you apply what you have learned in other life situations?

Candidate's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY ACTIVITY LEADER:**

Punctuality and attendance: \_\_\_\_\_

Effort and commitment: \_\_\_\_\_

Further Comments: \_\_\_\_\_

(additional comments may be attached on an additional page)

This activity was (circle the desired response)    Satisfactorily completed    Not satisfactorily completed

Activity Leader's Name: \_\_\_\_\_

Activity Leader's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### Activity Proposal #3

<b>Description of Activity</b>	<b>Learning Outcomes Met</b>
Activity: _____	(refer to page 5)
Organization: _____	_____
Supervisor Signature: _____	_____
Supervisor Name: _____	_____
Supervisor Contact Information:	_____
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_____	_____
Description of Activity and Goals	_____
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_____	_____
CAS Advisor Initials/Date:	_____

### Personal Reflection

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Candidate Signature:

Approx. Hours:

ACTIVITY HOUR LOG

Date	Time	Brief Description	# of Hours
TOTAL HOURS:			

## Activity Evidence

### Evidence of Completion

Any journals, photos, letters, web address, or other information that supports your CAS experiences in this activity

## Activity Evidence

### Evidence of Completion

Any journals, photos, letters, web address, or other information that supports your CAS experiences in this activity

**Form CAS/AEF**  
**CAS: Activity Self-Evaluation Form**

SUBMIT TO: ACTIVITY LEADER

Session: \_\_\_\_\_

SCHOOL CODE: \_\_\_\_\_

School Name: \_\_\_\_\_

**Candidates must complete a copy of this form at the end of each activity. Type the information or write legibly using black ink.**

**CANDIDATE SELF EVALUATION**

Candidate Name: \_\_\_\_\_

Candidate No.: \_\_\_\_\_

Name of Activity: \_\_\_\_\_

No. of Hours \_\_\_\_\_ (approx)

1. Summarize what you did in this activity and how you interacted with others.
2. Explain what you hoped to accomplish through this activity.
3. How successful were you in achieving your goals? What difficulties did you encounter and how did you overcome them?
4. What did you actually learn about yourself and others through this activity?
5. Did anyone help you think about your learning during this activity? If so, who helped and how did they help?
6. How did this activity benefit others?
7. What might you do differently next time to improve?
8. How can you apply what you have learned in other life situations?

Candidate's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY ACTIVITY LEADER:**

Punctuality and attendance: \_\_\_\_\_

Effort and commitment: \_\_\_\_\_

Further Comments: \_\_\_\_\_

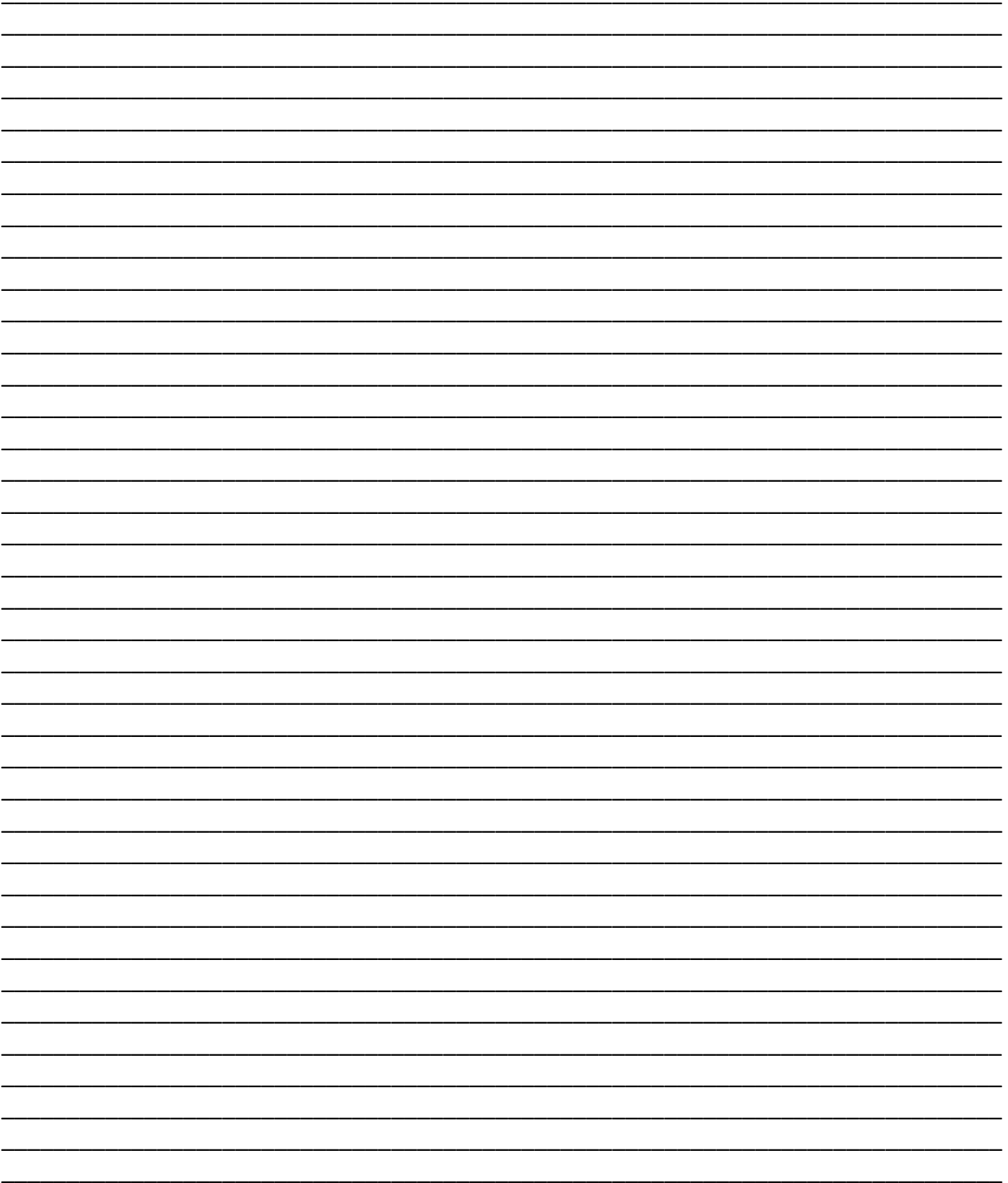
(additional comments may be attached on an additional page)

This activity was (circle the desired response)    Satisfactorily completed    Not satisfactorily completed

Activity Leader's Name: \_\_\_\_\_

Activity Leader's Signature: \_\_\_\_\_ Date: \_\_\_\_\_





### Activity Proposal #4

<b>Description of Activity</b>	<b>Learning Outcomes Met</b>
Activity: _____	(refer to page 5)
Organization: _____	_____
Supervisor Signature: _____	_____
Supervisor Name: _____	_____
Supervisor Contact Information:	_____
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Description of Activity and Goals	_____
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CAS Advisor Initials/Date:	_____

### Personal Reflection

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Candidate Signature: _____

Approx. Hours: \_\_\_\_\_

## ACTIVITY HOUR LOG

Date	Time	Brief Description	# of Hours
<b>TOTAL HOURS:</b>			

## Activity Evidence

### Evidence of Completion

Any journals, photos, letters, web address, or other information that supports your CAS experiences in this activity

## Activity Evidence

### Evidence of Completion

Any journals, photos, letters, web address, or other information that supports your CAS experiences in this activity

**Form CAS/AEF**  
**CAS: Activity Self-Evaluation Form**

SUBMIT TO: ACTIVITY LEADER

Session: \_\_\_\_\_

SCHOOL CODE: \_\_\_\_\_

School Name: \_\_\_\_\_

**Candidates must complete a copy of this form at the end of each activity. Type the information or write legibly using black ink.**

**CANDIDATE SELF EVALUATION**

Candidate Name: \_\_\_\_\_

Candidate No.: \_\_\_\_\_

Name of Activity: \_\_\_\_\_

No. of Hours \_\_\_\_\_ (approx)

1. Summarize what you did in this activity and how you interacted with others.
2. Explain what you hoped to accomplish through this activity.
3. How successful were you in achieving your goals? What difficulties did you encounter and how did you overcome them?
4. What did you actually learn about yourself and others through this activity?
5. Did anyone help you think about your learning during this activity? If so, who helped and how did they help?
6. How did this activity benefit others?
7. What might you do differently next time to improve?
8. How can you apply what you have learned in other life situations?

Candidate's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY ACTIVITY LEADER:**

Punctuality and attendance: \_\_\_\_\_

Effort and commitment: \_\_\_\_\_

Further Comments: \_\_\_\_\_

(additional comments may be attached on an additional page)

This activity was (circle the desired response)    Satisfactorily completed    Not satisfactorily completed

Activity Leader's Name: \_\_\_\_\_

Activity Leader's Signature: \_\_\_\_\_ Date: \_\_\_\_\_







### ACTIVITY HOUR LOG

Date	Time	Brief Description	# of Hours
<b>TOTAL HOURS:</b>			

## Activity Evidence

### Evidence of Completion

Any journals, photos, letters, web address, or other information that supports your CAS experiences in this activity

## Activity Evidence

### Evidence of Completion

Any journals, photos, letters, web address, or other information that supports your CAS experiences in this activity

**Form CAS/AEF**  
**CAS: Activity Self-Evaluation Form**

SUBMIT TO: ACTIVITY LEADER

Session: \_\_\_\_\_

SCHOOL CODE: \_\_\_\_\_

School Name: \_\_\_\_\_

**Candidates must complete a copy of this form at the end of each activity. Type the information or write legibly using black ink.**

**CANDIDATE SELF EVALUATION**

Candidate Name: \_\_\_\_\_

Candidate No.: \_\_\_\_\_

Name of Activity: \_\_\_\_\_

No. of Hours \_\_\_\_\_ (approx)

1. Summarize what you did in this activity and how you interacted with others.
2. Explain what you hoped to accomplish through this activity.
3. How successful were you in achieving your goals? What difficulties did you encounter and how did you overcome them?
4. What did you actually learn about yourself and others through this activity?
5. Did anyone help you think about your learning during this activity? If so, who helped and how did they help?
6. How did this activity benefit others?
7. What might you do differently next time to improve?
8. How can you apply what you have learned in other life situations?

Candidate's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY ACTIVITY LEADER:**

Punctuality and attendance: \_\_\_\_\_

Effort and commitment: \_\_\_\_\_

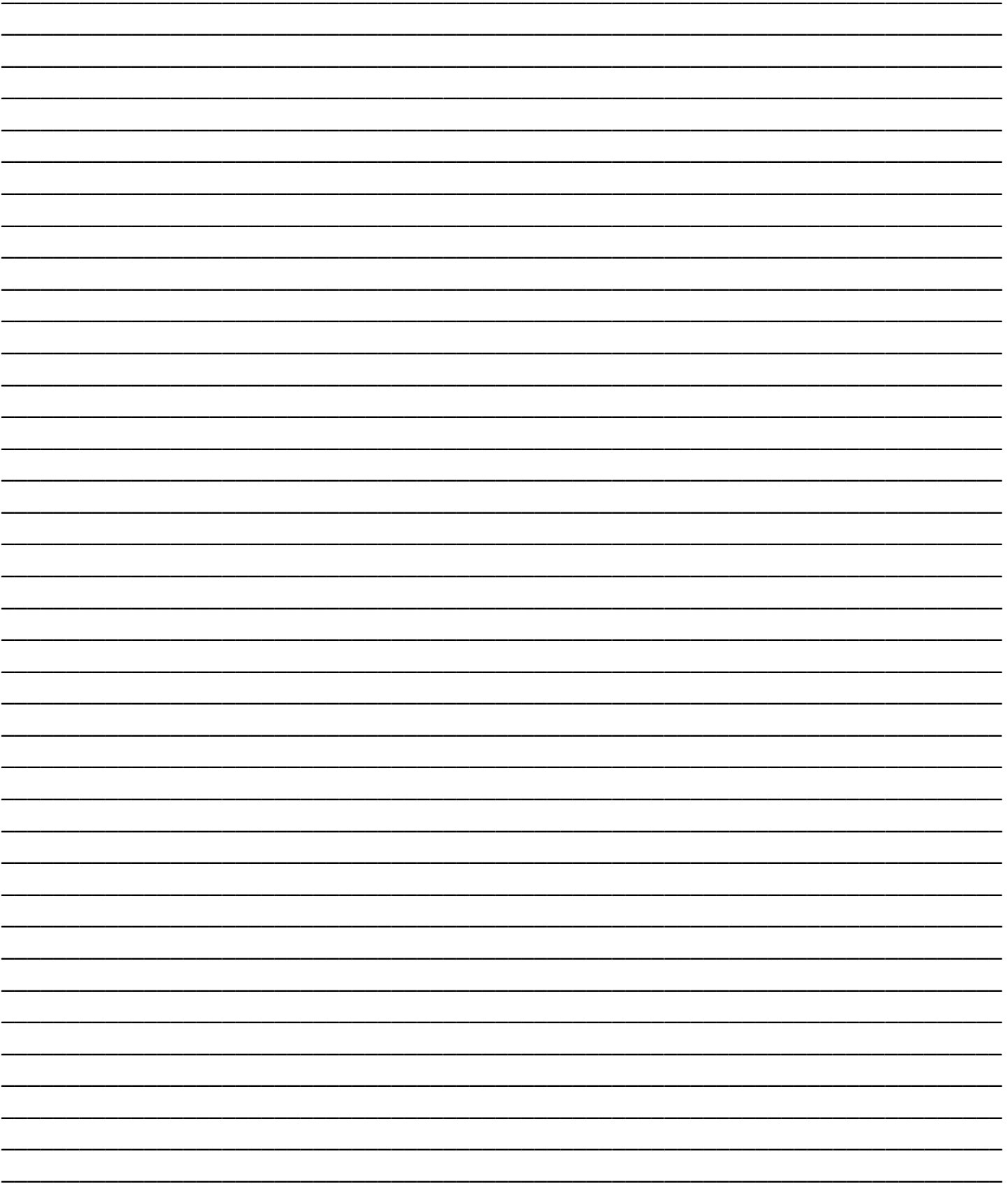
Further Comments: \_\_\_\_\_

(additional comments may be attached on an additional page)

This activity was (circle the desired response)    Satisfactorily completed    Not satisfactorily completed

Activity Leader's Name: \_\_\_\_\_

Activity Leader's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Activity Proposal #6

<b>Description of Activity</b>	<b>Learning Outcomes Met</b> (refer to page 5)
Activity: _____	
Organization: _____	
Supervisor Signature: _____	
Supervisor Name: _____	
Supervisor Contact Information:	
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<p>Description of Activity and Goals</p>	
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CAS Advisor Initials/Date:	

<b>Personal Reflection</b>	
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Candidate Signature: _____	
Approx. Hours: _____	

ACTIVITY HOUR LOG

Date	Time	Brief Description	# of Hours
TOTAL HOURS:			

## Activity Evidence

### Evidence of Completion

Any journals, photos, letters, web address, or other information that supports your CAS experiences in this activity



## Activity Evidence

### Evidence of Completion

Any journals, photos, letters, web address, or other information that supports your CAS experiences in this activity

**Form CAS/AEF**  
**CAS: Activity Self-Evaluation Form**

SUBMIT TO: ACTIVITY LEADER

Session: \_\_\_\_\_

SCHOOL CODE: \_\_\_\_\_

School Name: \_\_\_\_\_

**Candidates must complete a copy of this form at the end of each activity. Type the information or write legibly using black ink.**

**CANDIDATE SELF EVALUATION**

Candidate Name: \_\_\_\_\_

Candidate No.: \_\_\_\_\_

Name of Activity: \_\_\_\_\_

No. of Hours \_\_\_\_\_ (approx)

1. Summarize what you did in this activity and how you interacted with others.
2. Explain what you hoped to accomplish through this activity.
3. How successful were you in achieving your goals? What difficulties did you encounter and how did you overcome them?
4. What did you actually learn about yourself and others through this activity?
5. Did anyone help you think about your learning during this activity? If so, who helped and how did they help?
6. How did this activity benefit others?
7. What might you do differently next time to improve?
8. How can you apply what you have learned in other life situations?

Candidate's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY ACTIVITY LEADER:**

Punctuality and attendance: \_\_\_\_\_

Effort and commitment: \_\_\_\_\_

Further Comments: \_\_\_\_\_

(additional comments may be attached on an additional page)

This activity was (circle the desired response)    Satisfactorily completed    Not satisfactorily completed

Activity Leader's Name: \_\_\_\_\_

Activity Leader's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### Activity Proposal #7

<b>Description of Activity</b>	<b>Learning Outcomes Met</b>
Activity: _____	(refer to page 5)
Organization: _____	_____
Supervisor Signature: _____	_____
Supervisor Name: _____	_____
Supervisor Contact Information: _____	_____
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_____	_____
Description of Activity and Goals	_____
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CAS Advisor Initials/Date: _____	_____

### Personal Reflection

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Candidate Signature: \_\_\_\_\_

Approx. Hours: \_\_\_\_\_

ACTIVITY HOUR LOG

Date	Time	Brief Description	# of Hours
TOTAL HOURS:			

## Activity Evidence

### Evidence of Completion

Any journals, photos, letters, web address, or other information that supports your CAS experiences in this activity

## Activity Evidence

### Evidence of Completion

Any journals, photos, letters, web address, or other information that supports your CAS experiences in this activity

**Form CAS/AEF**  
**CAS: Activity Self-Evaluation Form**

SUBMIT TO: ACTIVITY LEADER

Session: \_\_\_\_\_

SCHOOL CODE: \_\_\_\_\_

School Name: \_\_\_\_\_

**Candidates must complete a copy of this form at the end of each activity. Type the information or write legibly using black ink.**

**CANDIDATE SELF EVALUATION**

Candidate Name: \_\_\_\_\_

Candidate No.: \_\_\_\_\_

Name of Activity: \_\_\_\_\_

No. of Hours \_\_\_\_\_ (approx)

1. Summarize what you did in this activity and how you interacted with others.
2. Explain what you hoped to accomplish through this activity.
3. How successful were you in achieving your goals? What difficulties did you encounter and how did you overcome them?
4. What did you actually learn about yourself and others through this activity?
5. Did anyone help you think about your learning during this activity? If so, who helped and how did they help?
6. How did this activity benefit others?
7. What might you do differently next time to improve?
8. How can you apply what you have learned in other life situations?

Candidate's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY ACTIVITY LEADER:**

Punctuality and attendance: \_\_\_\_\_

Effort and commitment: \_\_\_\_\_

Further Comments: \_\_\_\_\_

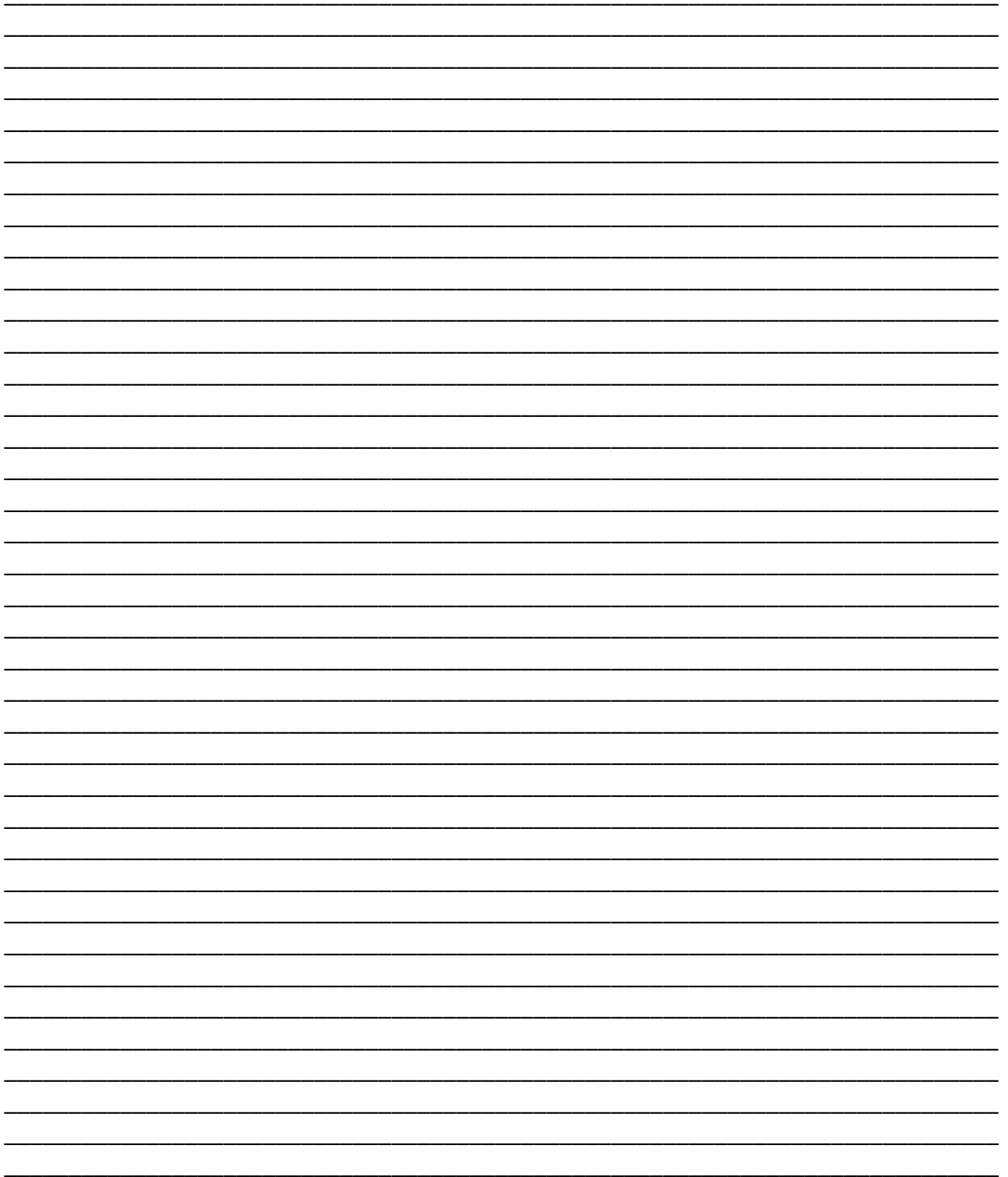
(additional comments may be attached on an additional page)

This activity was (circle the desired response)    Satisfactorily completed    Not satisfactorily completed

Activity Leader's Name: \_\_\_\_\_

Activity Leader's Signature: \_\_\_\_\_ Date: \_\_\_\_\_





### Activity Proposal #8

<b>Description of Activity</b>	<b>Learning Outcomes Met</b> (refer to page 5)
Activity: _____	
Organization: _____	
Supervisor Signature: _____	
Supervisor Name: _____	
Supervisor Contact Information:	
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Description of Activity and Goals	
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CAS Advisor Initials/Date:	

### Personal Reflection

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Candidate Signature:

Approx. Hours:



## Activity Evidence

### Evidence of Completion

Any journals, photos, letters, web address, or other information that supports your CAS experiences in this activity

## Activity Evidence

### Evidence of Completion

Any journals, photos, letters, web address, or other information that supports your CAS experiences in this activity

**Form CAS/AEF**  
**CAS: Activity Self-Evaluation Form**

SUBMIT TO: ACTIVITY LEADER

Session: \_\_\_\_\_

SCHOOL CODE: \_\_\_\_\_

School Name: \_\_\_\_\_

**Candidates must complete a copy of this form at the end of each activity. Type the information or write legibly using black ink.**

**CANDIDATE SELF EVALUATION**

Candidate Name: \_\_\_\_\_

Candidate No.: \_\_\_\_\_

Name of Activity: \_\_\_\_\_

No. of Hours \_\_\_\_\_ (approx)

1. Summarize what you did in this activity and how you interacted with others.
2. Explain what you hoped to accomplish through this activity.
3. How successful were you in achieving your goals? What difficulties did you encounter and how did you overcome them?
4. What did you actually learn about yourself and others through this activity?
5. Did anyone help you think about your learning during this activity? If so, who helped and how did they help?
6. How did this activity benefit others?
7. What might you do differently next time to improve?
8. How can you apply what you have learned in other life situations?

Candidate's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY ACTIVITY LEADER:**

Punctuality and attendance: \_\_\_\_\_

Effort and commitment: \_\_\_\_\_

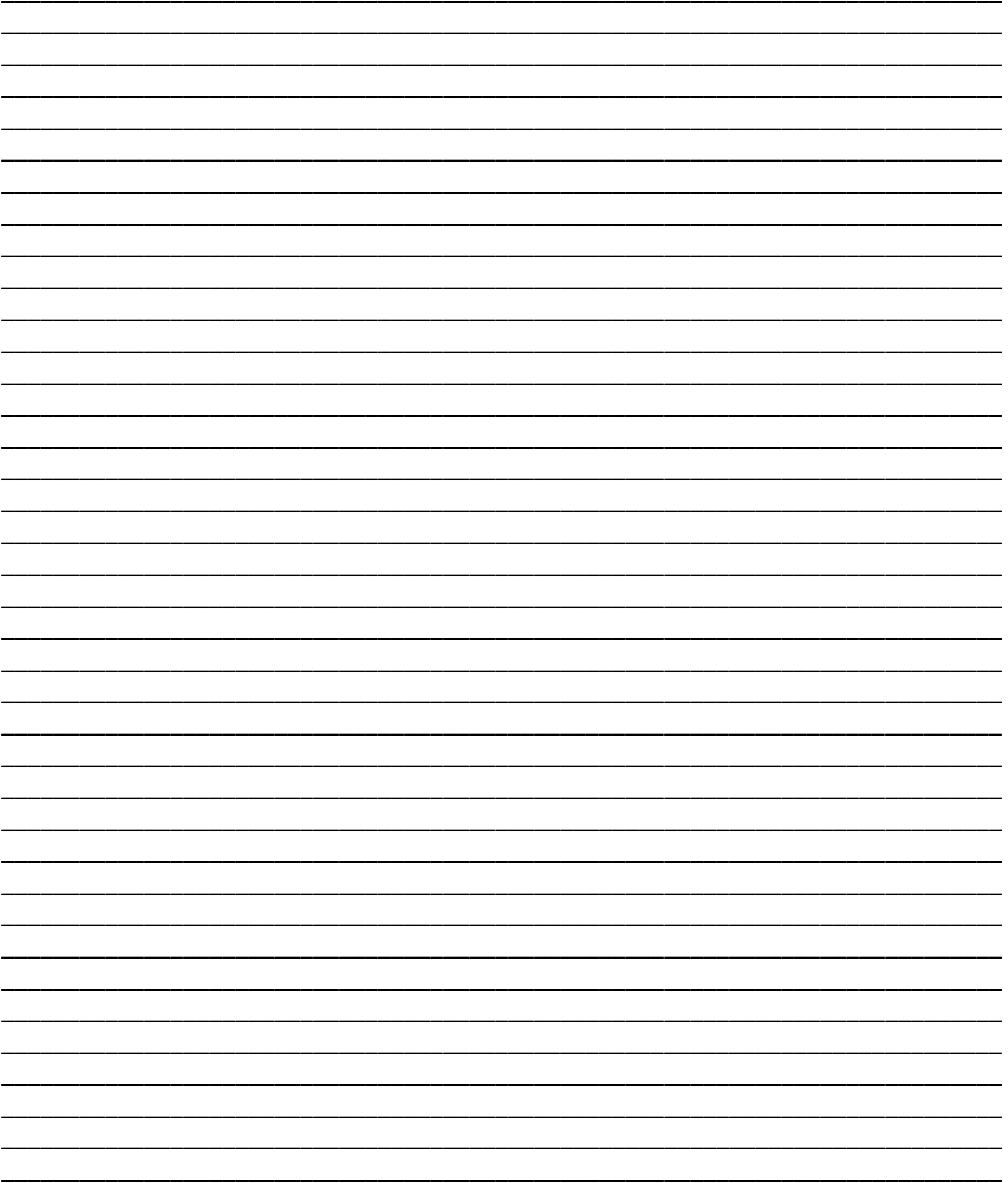
Further Comments: \_\_\_\_\_

(additional comments may be attached on an additional page)

This activity was (circle the desired response)    Satisfactorily completed    Not satisfactorily completed

Activity Leader's Name: \_\_\_\_\_

Activity Leader's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### Activity Proposal #9

Description of Activity	Learning Outcomes Met (refer to page 5)
Activity: _____ Organization: _____  Supervisor Signature: _____  Supervisor Name: _____ Supervisor Contact Information: _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Description of Activity and Goals  _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
CAS Advisor Initials/Date: _____	

Personal Reflection	
Candidate Signature: _____	Approx. Hours: _____



ACTIVITY HOUR LOG

Date	Time	Brief Description	# of Hours
TOTAL HOURS:			

## Activity Evidence

### Evidence of Completion

Any journals, photos, letters, web address, or other information that supports your CAS experiences in this activity

## Activity Evidence

### Evidence of Completion

Any journals, photos, letters, web address, or other information that supports your CAS experiences in this activity

**Form CAS/AEF**  
**CAS: Activity Self-Evaluation Form**

SUBMIT TO: ACTIVITY LEADER

Session: \_\_\_\_\_

SCHOOL CODE: \_\_\_\_\_

School Name: \_\_\_\_\_

**Candidates must complete a copy of this form at the end of each activity. Type the information or write legibly using black ink.**

**CANDIDATE SELF EVALUATION**

Candidate Name: \_\_\_\_\_

Candidate No.: \_\_\_\_\_

Name of Activity: \_\_\_\_\_

No. of Hours \_\_\_\_\_ (approx)

1. Summarize what you did in this activity and how you interacted with others.
2. Explain what you hoped to accomplish through this activity.
3. How successful were you in achieving your goals? What difficulties did you encounter and how did you overcome them?
4. What did you actually learn about yourself and others through this activity?
5. Did anyone help you think about your learning during this activity? If so, who helped and how did they help?
6. How did this activity benefit others?
7. What might you do differently next time to improve?
8. How can you apply what you have learned in other life situations?

Candidate's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY ACTIVITY LEADER:**

Punctuality and attendance: \_\_\_\_\_

Effort and commitment: \_\_\_\_\_

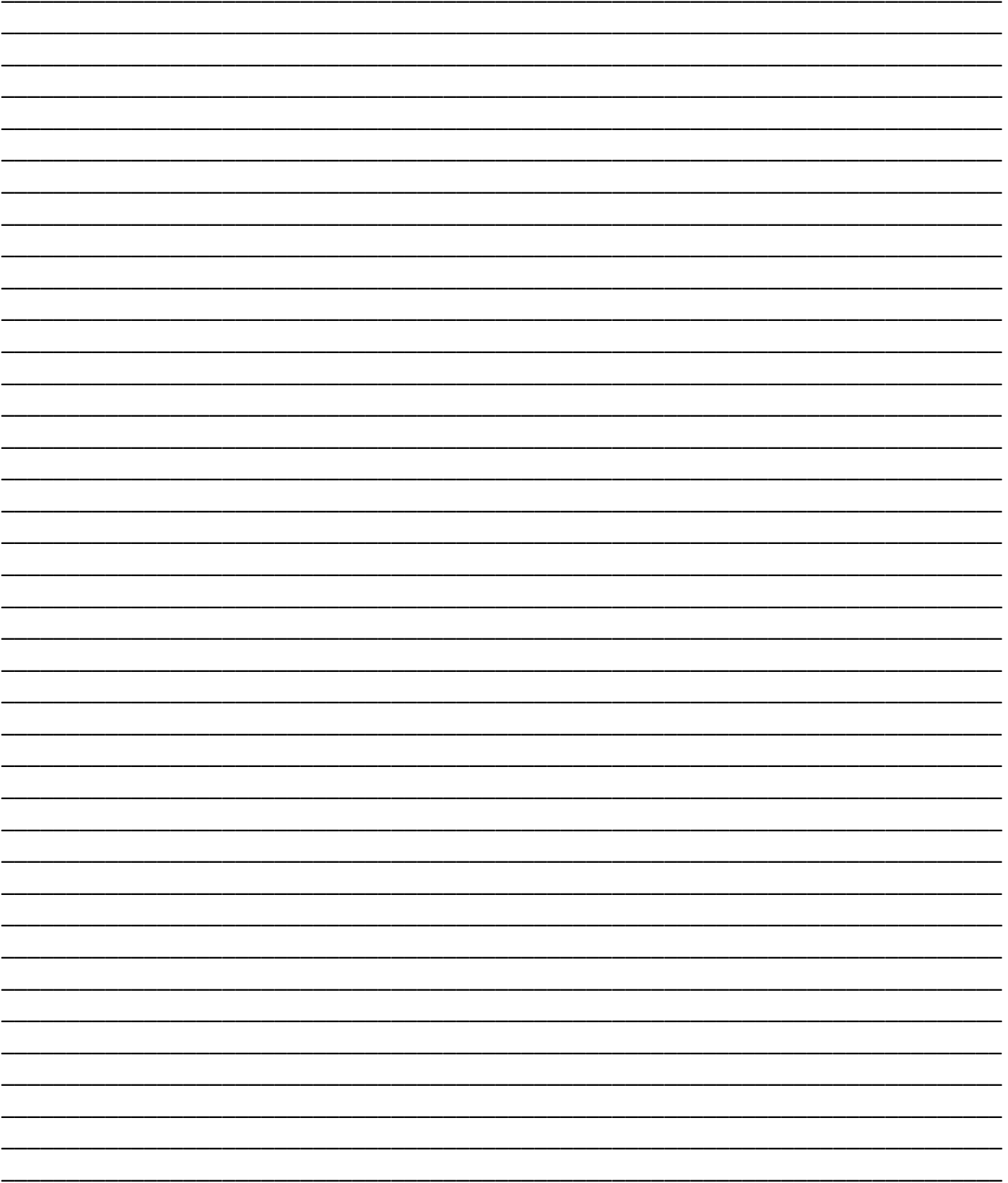
Further Comments: \_\_\_\_\_

(additional comments may be attached on an additional page)

This activity was (circle the desired response)    Satisfactorily completed    Not satisfactorily completed

Activity Leader's Name: \_\_\_\_\_

Activity Leader's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### Activity Proposal #10

<b>Description of Activity</b>	<b>Learning Outcomes Met</b>
Activity: _____	(refer to page 5)
Organization: _____	_____
Supervisor Signature: _____	_____
Supervisor Name: _____	_____
Supervisor Contact Information:	_____
_____	_____
_____	_____
_____	_____
Description of Activity and Goals	_____
_____	_____
_____	_____
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CAS Advisor Initials/Date:	_____

### Personal Reflection

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Candidate Signature: \_\_\_\_\_ Approx. Hours: \_\_\_\_\_

## ACTIVITY HOUR LOG

Date	Time	Brief Description	# of Hours
TOTAL HOURS:			

## Activity Evidence

### Evidence of Completion

Any journals, photos, letters, web address, or other information that supports your CAS experiences in this activity



## Activity Evidence

### Evidence of Completion

Any journals, photos, letters, web address, or other information that supports your CAS experiences in this activity

**Form CAS/AEF**  
**CAS: Activity Self-Evaluation Form**

SUBMIT TO: ACTIVITY LEADER

Session: \_\_\_\_\_

SCHOOL CODE: \_\_\_\_\_

School Name: \_\_\_\_\_

**Candidates must complete a copy of this form at the end of each activity. Type the information or write legibly using black ink.**

**CANDIDATE SELF EVALUATION**

Candidate Name: \_\_\_\_\_

Candidate No.: \_\_\_\_\_

Name of Activity: \_\_\_\_\_

No. of Hours \_\_\_\_\_ (approx)

1. Summarize what you did in this activity and how you interacted with others.
2. Explain what you hoped to accomplish through this activity.
3. How successful were you in achieving your goals? What difficulties did you encounter and how did you overcome them?
4. What did you actually learn about yourself and others through this activity?
5. Did anyone help you think about your learning during this activity? If so, who helped and how did they help?
6. How did this activity benefit others?
7. What might you do differently next time to improve?
8. How can you apply what you have learned in other life situations?

Candidate's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY ACTIVITY LEADER:**

Punctuality and attendance: \_\_\_\_\_

Effort and commitment: \_\_\_\_\_

Further Comments: \_\_\_\_\_

(additional comments may be attached on an additional page)

This activity was (circle the desired response)    Satisfactorily completed    Not satisfactorily completed

Activity Leader's Name: \_\_\_\_\_

Activity Leader's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A series of 34 horizontal lines spanning the width of the page, serving as a template for text entry.

Activity Proposal #11

<b>Description of Activity</b>	<b>Learning Outcomes Met</b>
Activity: _____	(refer to page 5)
Organization: _____	_____
Supervisor Signature: _____	_____
Supervisor Name: _____	_____
Supervisor Contact Information:	_____
_____	_____
_____	_____
_____	_____
Description of Activity and Goals	_____
_____	_____
_____	_____
_____	_____
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CAS Advisor Initials/Date:	_____

**Personal Reflection**

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Candidate Signature:

Approx. Hours:

## ACTIVITY HOUR LOG

Date	Time	Brief Description	# of Hours
<b>TOTAL HOURS:</b>			

## Activity Evidence

### Evidence of Completion

Any journals, photos, letters, web address, or other information that supports your CAS experiences in this activity

## Activity Evidence

### Evidence of Completion

Any journals, photos, letters, web address, or other information that supports your CAS experiences in this activity

**Form CAS/AEF**  
**CAS: Activity Self-Evaluation Form**

SUBMIT TO: ACTIVITY LEADER

Session: \_\_\_\_\_

SCHOOL CODE: \_\_\_\_\_

School Name: \_\_\_\_\_

**Candidates must complete a copy of this form at the end of each activity. Type the information or write legibly using black ink.**

**CANDIDATE SELF EVALUATION**

Candidate Name: \_\_\_\_\_

Candidate No.: \_\_\_\_\_

Name of Activity: \_\_\_\_\_

No. of Hours \_\_\_\_\_ (approx)

1. Summarize what you did in this activity and how you interacted with others.
2. Explain what you hoped to accomplish through this activity.
3. How successful were you in achieving your goals? What difficulties did you encounter and how did you overcome them?
4. What did you actually learn about yourself and others through this activity?
5. Did anyone help you think about your learning during this activity? If so, who helped and how did they help?
6. How did this activity benefit others?
7. What might you do differently next time to improve?
8. How can you apply what you have learned in other life situations?

Candidate's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY ACTIVITY LEADER:**

Punctuality and attendance: \_\_\_\_\_

Effort and commitment: \_\_\_\_\_

Further Comments: \_\_\_\_\_

(additional comments may be attached on an additional page)

This activity was (circle the desired response)    Satisfactorily completed    Not satisfactorily completed

Activity Leader's Name: \_\_\_\_\_

Activity Leader's Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## Activity Proposal #12

<b>Description of Activity</b>	<b>Learning Outcomes Met</b> (refer to page 5)
Activity: _____	
Organization: _____	
Supervisor Signature: _____	
Supervisor Name: _____	
Supervisor Contact Information:	
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Description of Activity and Goals	
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CAS Advisor Initials/Date:	

### Personal Reflection

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Candidate Signature:

Approx. Hours:



## Activity Evidence

### Evidence of Completion

Any journals, photos, letters, web address, or other information that supports your CAS experiences in this activity

## Activity Evidence

### Evidence of Completion

Any journals, photos, letters, web address, or other information that supports your CAS experiences in this activity

**Form CAS/AEF**  
**CAS: Activity Self-Evaluation Form**

SUBMIT TO: ACTIVITY LEADER

Session: \_\_\_\_\_

SCHOOL CODE: \_\_\_\_\_

School Name: \_\_\_\_\_

**Candidates must complete a copy of this form at the end of each activity. Type the information or write legibly using black ink.**

**CANDIDATE SELF EVALUATION**

Candidate Name: \_\_\_\_\_

Candidate No.: \_\_\_\_\_

Name of Activity: \_\_\_\_\_

No. of Hours \_\_\_\_\_ (approx)

1. Summarize what you did in this activity and how you interacted with others.
2. Explain what you hoped to accomplish through this activity.
3. How successful were you in achieving your goals? What difficulties did you encounter and how did you overcome them?
4. What did you actually learn about yourself and others through this activity?
5. Did anyone help you think about your learning during this activity? If so, who helped and how did they help?
6. How did this activity benefit others?
7. What might you do differently next time to improve?
8. How can you apply what you have learned in other life situations?

Candidate's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY ACTIVITY LEADER:**

Punctuality and attendance: \_\_\_\_\_

Effort and commitment: \_\_\_\_\_

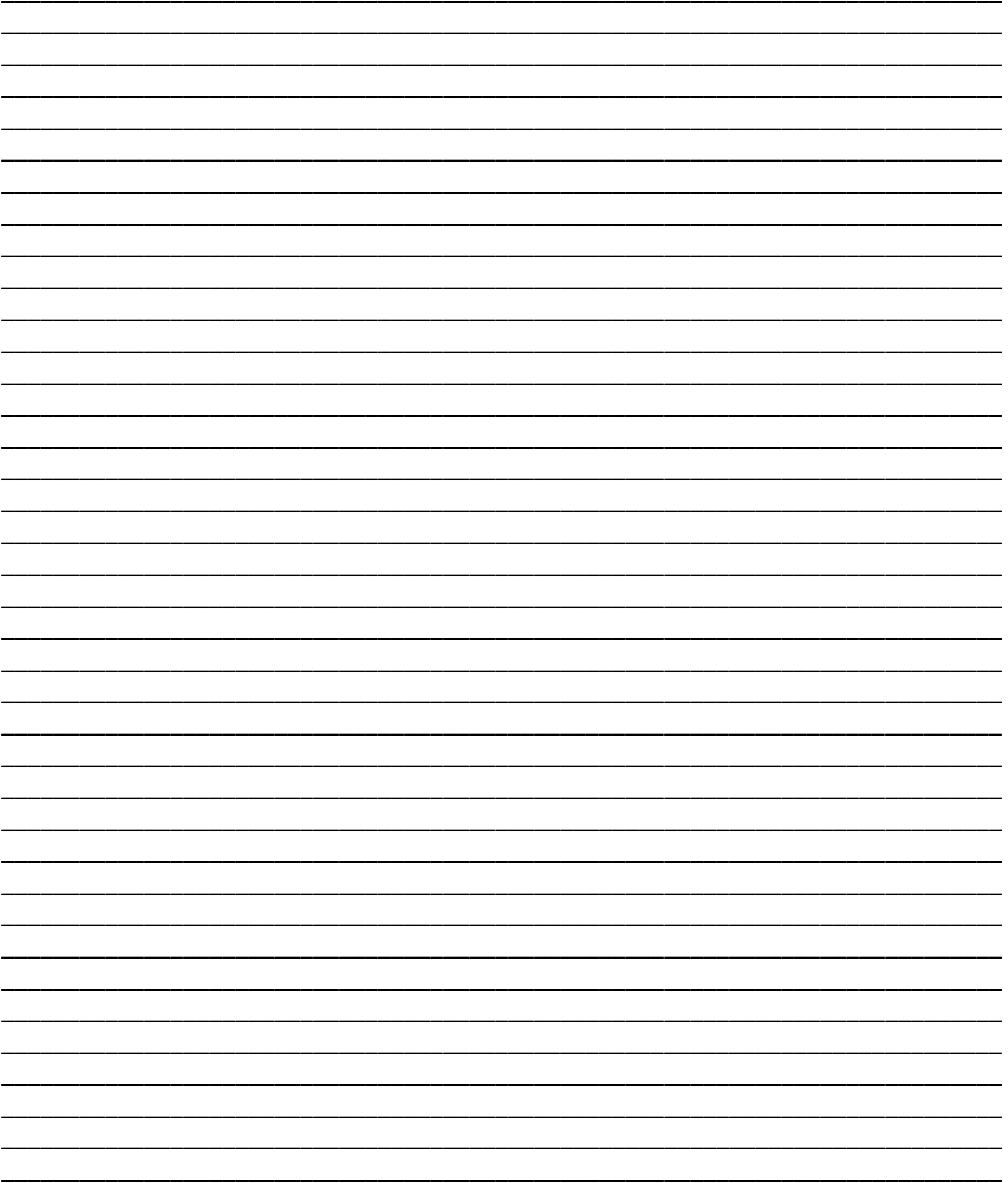
Further Comments: \_\_\_\_\_

(additional comments may be attached on an additional page)

This activity was (circle the desired response)    Satisfactorily completed    Not satisfactorily completed

Activity Leader's Name: \_\_\_\_\_

Activity Leader's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### Activity Proposal #13

<b>Description of Activity</b>	<b>Learning Outcomes Met</b>
Activity: _____	(refer to page 5)
Organization: _____	_____
Supervisor Signature: _____	_____
Supervisor Name: _____	_____
Supervisor Contact Information:	_____
_____	_____
_____	_____
Description of Activity and Goals	_____
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_____	_____
CAS Advisor Initials/Date:	_____

### Personal Reflection

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Candidate Signature:

Approx. Hours:





## Activity Evidence

### Evidence of Completion

Any journals, photos, letters, web address, or other information that supports your CAS experiences in this activity

## Activity Evidence

### Evidence of Completion

Any journals, photos, letters, web address, or other information that supports your CAS experiences in this activity

**Form CAS/AEF**  
**CAS: Activity Self-Evaluation Form**

SUBMIT TO: ACTIVITY LEADER

Session: \_\_\_\_\_

SCHOOL CODE: \_\_\_\_\_

School Name: \_\_\_\_\_

**Candidates must complete a copy of this form at the end of each activity. Type the information or write legibly using black ink.**

**CANDIDATE SELF EVALUATION**

Candidate Name: \_\_\_\_\_

Candidate No.: \_\_\_\_\_

Name of Activity: \_\_\_\_\_

No. of Hours \_\_\_\_\_ (approx)

1. Summarize what you did in this activity and how you interacted with others.
2. Explain what you hoped to accomplish through this activity.
3. How successful were you in achieving your goals? What difficulties did you encounter and how did you overcome them?
4. What did you actually learn about yourself and others through this activity?
5. Did anyone help you think about your learning during this activity? If so, who helped and how did they help?
6. How did this activity benefit others?
7. What might you do differently next time to improve?
8. How can you apply what you have learned in other life situations?

Candidate's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY ACTIVITY LEADER:**

Punctuality and attendance: \_\_\_\_\_

Effort and commitment: \_\_\_\_\_

Further Comments: \_\_\_\_\_

(additional comments may be attached on an additional page)

This activity was (circle the desired response)    Satisfactorily completed    Not satisfactorily completed

Activity Leader's Name: \_\_\_\_\_

Activity Leader's Signature: \_\_\_\_\_ Date: \_\_\_\_\_







## Activity Evidence

### Evidence of Completion

Any journals, photos, letters, web address, or other information that supports your CAS experiences in this activity



## Activity Evidence

### Evidence of Completion

Any journals, photos, letters, web address, or other information that supports your CAS experiences in this activity

**Form CAS/AEF**  
**CAS: Activity Self-Evaluation Form**

SUBMIT TO: ACTIVITY LEADER

Session: \_\_\_\_\_

SCHOOL CODE: \_\_\_\_\_

School Name: \_\_\_\_\_

**Candidates must complete a copy of this form at the end of each activity. Type the information or write legibly using black ink.**

**CANDIDATE SELF EVALUATION**

Candidate Name: \_\_\_\_\_

Candidate No.: \_\_\_\_\_

Name of Activity: \_\_\_\_\_

No. of Hours \_\_\_\_\_ (approx)

1. Summarize what you did in this activity and how you interacted with others.
2. Explain what you hoped to accomplish through this activity.
3. How successful were you in achieving your goals? What difficulties did you encounter and how did you overcome them?
4. What did you actually learn about yourself and others through this activity?
5. Did anyone help you think about your learning during this activity? If so, who helped and how did they help?
6. How did this activity benefit others?
7. What might you do differently next time to improve?
8. How can you apply what you have learned in other life situations?

Candidate's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY ACTIVITY LEADER:**

Punctuality and attendance: \_\_\_\_\_

Effort and commitment: \_\_\_\_\_

Further Comments: \_\_\_\_\_

(additional comments may be attached on an additional page)

This activity was (circle the desired response)    Satisfactorily completed    Not satisfactorily completed

Activity Leader's Name: \_\_\_\_\_

Activity Leader's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Activity Proposal #15

Description of Activity	Learning Outcomes Met (refer to page 5)
Activity: _____	
Organization: _____	
Supervisor Signature: _____	
Supervisor Name: _____	
Supervisor Contact Information:	
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Description of Activity and Goals	
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CAS Advisor Initials/Date:	

Personal Reflection

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Candidate Signature:

Approx. Hours:



## Activity Evidence

### Evidence of Completion

Any journals, photos, letters, web address, or other information that supports your CAS experiences in this activity

## Activity Evidence

### Evidence of Completion

Any journals, photos, letters, web address, or other information that supports your CAS experiences in this activity

**Form CAS/AEF**  
**CAS: Activity Self-Evaluation Form**

SUBMIT TO: ACTIVITY LEADER

Session: \_\_\_\_\_

SCHOOL CODE: \_\_\_\_\_

School Name: \_\_\_\_\_

**Candidates must complete a copy of this form at the end of each activity. Type the information or write legibly using black ink.**

**CANDIDATE SELF EVALUATION**

Candidate Name: \_\_\_\_\_

Candidate No.: \_\_\_\_\_

Name of Activity: \_\_\_\_\_

No. of Hours \_\_\_\_\_ (approx)

1. Summarize what you did in this activity and how you interacted with others.
2. Explain what you hoped to accomplish through this activity.
3. How successful were you in achieving your goals? What difficulties did you encounter and how did you overcome them?
4. What did you actually learn about yourself and others through this activity?
5. Did anyone help you think about your learning during this activity? If so, who helped and how did they help?
6. How did this activity benefit others?
7. What might you do differently next time to improve?
8. How can you apply what you have learned in other life situations?

Candidate's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY ACTIVITY LEADER:**

Punctuality and attendance: \_\_\_\_\_

Effort and commitment: \_\_\_\_\_

Further Comments: \_\_\_\_\_

(additional comments may be attached on an additional page)

This activity was (circle the desired response)    Satisfactorily completed    Not satisfactorily completed

Activity Leader's Name: \_\_\_\_\_

Activity Leader's Signature: \_\_\_\_\_ Date: \_\_\_\_\_





### Activity Proposal #16

<b>Description of Activity</b>	<b>Learning Outcomes Met</b>
Activity: _____	(refer to page 5)
Organization: _____	_____
Supervisor Signature: _____	_____
Supervisor Name: _____	_____
Supervisor Contact Information: _____	_____
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Description of Activity and Goals	_____
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_____	_____
CAS Advisor Initials/Date: _____	_____

### Personal Reflection

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Candidate Signature:

Approx. Hours:



## Activity Evidence

### Evidence of Completion

Any journals, photos, letters, web address, or other information that supports your CAS experiences in this activity

## Activity Evidence

### Evidence of Completion

Any journals, photos, letters, web address, or other information that supports your CAS experiences in this activity

**Form CAS/AEF**  
**CAS: Activity Self-Evaluation Form**

SUBMIT TO: ACTIVITY LEADER

Session: \_\_\_\_\_

SCHOOL CODE: \_\_\_\_\_

School Name: \_\_\_\_\_

**Candidates must complete a copy of this form at the end of each activity. Type the information or write legibly using black ink.**

**CANDIDATE SELF EVALUATION**

Candidate Name: \_\_\_\_\_

Candidate No.: \_\_\_\_\_

Name of Activity: \_\_\_\_\_

No. of Hours \_\_\_\_\_ (approx)

1. Summarize what you did in this activity and how you interacted with others.
2. Explain what you hoped to accomplish through this activity.
3. How successful were you in achieving your goals? What difficulties did you encounter and how did you overcome them?
4. What did you actually learn about yourself and others through this activity?
5. Did anyone help you think about your learning during this activity? If so, who helped and how did they help?
6. How did this activity benefit others?
7. What might you do differently next time to improve?
8. How can you apply what you have learned in other life situations?

Candidate's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY ACTIVITY LEADER:**

Punctuality and attendance: \_\_\_\_\_

Effort and commitment: \_\_\_\_\_

Further Comments: \_\_\_\_\_

(additional comments may be attached on an additional page)

This activity was (circle the desired response)    Satisfactorily completed    Not satisfactorily completed

Activity Leader's Name: \_\_\_\_\_

Activity Leader's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Junior Year  
Individual Student Completion form

<b>Learning Outcome</b>	<b>Achieved (v)</b>	<b>Location of Evidence (page in CASPORT, Reflection, Evidence)</b>
Increased awareness of your strengths and areas for growth		
Undertaken new challenges		
Planned and initiated activities		
Worked collaboratively with others		
Demonstrated perseverance and commitment in your activities		
Engaged with issues of global importance		
Developed a new skill		
Considered the ethical implications of your actions.		



Senior Year  
Individual Student Completion form

<b>Learning Outcome</b>	<b>Achieved (v)</b>	<b>Location of Evidence (page in CASPORT, Reflection, Evidence)</b>
Increased awareness of your strengths and areas for growth		
Undertaken new challenges		
Planned and initiated activities		
Worked collaboratively with others		
Demonstrated perseverance and commitment in your activities		
Engaged with issues of global importance		
Developed a new skill		
Considered the ethical implications of your actions.		





Check for Adequate Progress  
Junior Year

Meeting	Comments
Planning Session	<p>_____ Summer activities are completed and fully documented</p> <p>_____ Planned activities through school teams/ clubs/ organizations</p> <p>_____ Planned activities within the community outside of school structured activities</p> <p>_____ CAS plan needs to be reviewed and further discussed</p> <p>CAS Advisor Signature: _____ Date: _____</p>
Update Meeting #1	<p>_____ journals and documentation are up-to-date</p> <p>_____ satisfactory progress is being made towards completion of Junior Year CAS requirements</p> <p>CAS Advisor Signature: _____ Date: _____</p>
Update Meeting #2	<p>_____ journals and documentation are up-to-date</p> <p>_____ satisfactory progress is being made towards completion of Junior Year CAS requirements</p> <p>CAS Advisor Signature: _____ Date: _____</p>
End of Year Interview	<p style="text-align: center;">Completed 75 Hour Reflection Paper: _____</p> <p style="text-align: center;"><b>Areas of the CASPORT that need to be addressed:</b></p> <p>_____ Diversify your activities (address all components of CAS)</p> <p>_____ Lack of community involvement</p> <p>_____ Limited amount of activities completed</p> <p>_____ Limited number of hours that represent the "spirit of CAS"</p> <p>_____ Missing relevant evidence (journals, pictures, hour logs, etc...)</p> <p>_____ Missing completed AEF forms</p> <p style="text-align: center;"><b>CAS PROGRESS TOWARDS COMPLETION:      ON TRACK      NOT ON TRACK</b></p> <p>CAS Advisor Signature: _____ Date: _____</p>

Check for Adequate Progress  
Senior Year

Meeting	Comments
Review CAS Plan	<p>_____ Summer activities are completed and fully documented</p> <p>_____ Activities planned through school teams/ clubs/ organizations</p> <p>_____ Activities planned within the community outside of school structured activities</p> <p>_____ CAS plan needs to be reviewed and further discussed</p> <p>CAS Advisor Signature: _____ Date: _____</p>
Update Meeting #1	<p>_____ journals and documentation are up-to-date</p> <p>_____ satisfactory progress is being made towards completion of Senior Year CAS requirements</p> <p>CAS Advisor Signature: _____ Date: _____</p>
Update Meeting #2	<p>_____ journals and documentation are up-to-date</p> <p>_____ satisfactory progress is being made towards completion of Senior Year CAS requirements</p> <p>CAS Advisor Signature: _____ Date: _____</p>
Senior Year Evaluation	<p style="text-align: center;">Final Reflection Paper: _____</p> <p style="text-align: center;"><b>FULFILLMENT OF CAS REQUIREMENTS:      YES      NO</b></p> <p>CAS Advisor Signature: _____ Date: _____</p>