

CAS EVALUATION FORM

International Baccalaureate Program

Hillsborough High School

Part One: PRE-APPROVAL (Students must complete this section prior to the start of an activity)

Student's Name:

Class of:

Name of Homeroom Teacher:

Type of Activity (circle one): Creative Action Service

Estimated Number of Hours:

Evidence required (circle all that apply): Letterhead verification Detailed time log Creative product

For SERVICE activities only: What SOCIAL issue is being addressed through this service? (Social issues might include but are not limited to the following: programs for the elderly, disabled, victims of abuse, or the impoverished; environmental preservation; community or national culture; youth education or mentoring; health care; animal rights; etc.)

Name of sponsoring organization and/or a brief description of the activity (A complete prospectus will be required for some activities) :

Parent Signature:

Date:

School Representative Signature (an email pre-approval may be attached for summer activities):

Date:

Part Two: ACTIVITY LOG (Students may use this space to track their hours. If an additional full page log is needed or a time sheet is provided by the activity supervisor, simply write "see attached" in box below.)

Date	Starting Time	Ending Time	Duration	Activity or Activities
Total Hours Served:				(Note: 15 minutes = .25 30 minutes = .50 45 minutes = .75)

Part Three: SUPERVISOR'S VERIFICATION

Activities completed under the supervision of non-HHS personnel **require a separate note on letterhead** detailing the activity, the dates and duration of the student's participation, and the student's level of commitment. **Please note: IB stipulates that activity leaders must be adults--not a student's peers or parents.**

(Note: This section is provided for activity leaders affiliated with HHS.)

Punctuality and Attendance:

Effort and Commitment:

Total Number of Participation Hours:

The activity was completed (circle the desired response):

Satisfactorily

Unsatisfactorily

Activity Leader's name:

Title:

Activity Leader can be reached at: ____-____-____ ext ____ or, ____-____-____ ext ____

Activity Leader's signature:

Date:

PLEASE NOTE THE FOLLOWING CHANGES:

In order to be eligible for 1st semester exam exemptions, **seniors** must complete at least 15 Creative, 15 Action, and 60 Service hours.

In order to be eligible for 2nd semester exam exemptions, **juniors** must complete at least 10 Creative, 10 Action, and 25 Service hours. (NOTE: 150 hrs are due by April 15th of your senior year for completion.)

Part Four: STUDENT'S SELF-EVALUATION

At the completion of the activity, reflect on your CAS project using the following guiding questions. Address the questions individually or in essay form. You may word process your reflective essay and attach it to this form.

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? **If this is a SERVICE activity, how did it address the identified Social issue?**
7. What might you do differently next time to improve?
8. How can you apply what you have learned in other life situations?

*If you have been engaged in this activity for some time and have written several prior essays that address all of the above questions, you may focus primarily on questions #4 and #8 with respect to a specific incident or an "ah ha" moment.

Student's Signature: _____

Date: _____

Part Five: HOMEROOM TEACHER'S FINAL VERIFICATION (Note: The teacher's signature verifies that all of the required evidence is attached (letters, logs, evidence of creative product, etc.), that all portions of the CAS form (especially CAS category, total hours, "self-evaluation" essay) are complete and legible, and that the form was submitted within 30 days of the completion of the activity)

Homeroom Teacher's Signature: _____

Date: _____

