



# GLHS CAS Activity Supervisor Form



Name \_\_\_\_\_

CAS Coordinator \_\_\_\_\_

Date(s) of CAS activity \_\_\_\_\_

Title of Activity \_\_\_\_\_

**To be completed by the Activity Supervisor (an adult who is not related to the student).**

Comments on student's performance:

Activity Supervisor's name: \_\_\_\_\_ Date: \_\_\_\_\_

Activity Supervisor's signature: \_\_\_\_\_

Agency/Organization (if applicable): \_\_\_\_\_

Contact phone number: \_\_\_\_\_