



Green Lake High School IB CAS Planning Form



Student Name: _____

Date Turned in _____

CAS Advisor: _____

Please complete an Academic Resume and attach it to this form.

- *One activity must be a sustained activity over 4 months.*
- *One activity must be a self-initiated project.*

- *One activity must involve all three areas of CAS.*
- *CAS activities must continue over 18 months.*

- *CAS activities must have balance of C, A, and S.*
- *CAS activities should occur minimum of 3 hrs. per week.*

Name of Activity	Date(s) of Activity	Category (Creativity, Action, Service)	Duration of Activity/ Number of Anticipated Hours	Learning Outcome(s) to be met (#)	Nature/Location of Evidence (blog, email, photo)	Anticipated Supervisor
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						