

Green Lake High School IB CAS Activity Evaluation Form Class Of ____



Complete a copy of this form for each CAS Activity. Attach Reflection Statement describing the activity and how you accomplished the Learning Outcomes.

Please schedule a meeting with your CAS Coordinator to discuss complete forms.

Student Name:
Name of Activity:
Name f Organazation:
Date(s) of Activity:
Length of Activity (Wks/Dys):
This Activity is (check all that apply): Creativity Action Service
Indicate which of the LEARNING OUTCOMES you believe you achieved through this activity.
1. Increase my awareness of my own strengths and areas of growth.
2. Undertaken new challenges.
3. Planned and initiated activities.
4. Worked collaboratively with others.
5. Shown perseverance and commitment in this activity.
6. Engaged with issues of global importance.
7. Considered the ethical implications of my actions.
8. Developed new skills.
Student Signature Date