



CAS Pre-Activity



Student: _____

Activity Leader: _____

CAS Adviser: _____

Activity & Location	Approximate Dates

Goals

Learning Outcomes *(check those that apply)*

- | | |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> increased awareness of strengths and areas for growth | <input type="checkbox"/> shown perseverance and commitment |
| <input type="checkbox"/> undertaken new challenges | <input type="checkbox"/> engaged in issues of global importance |
| <input type="checkbox"/> planned and initiated activities | <input type="checkbox"/> considered ethical implications |
| <input type="checkbox"/> worked collaboratively with others | <input type="checkbox"/> developed new skills |

Activity Leader: By signing below, you are verifying that the student has discussed his/her goals and expected learning outcomes with you prior to starting the activity.

Signature:	Date:
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CAS Post-Activity



Activity & Location	Approximate Hours
Summary of Activity	
Activity Leader Comments	
<p><i>Activity Leader, please use this section to comment on the student's work on this activity, and whether you feel the student achieved their goals/outcomes. Feel free to provide constructive criticism or any additional comments.</i></p>	
Activity Leader Signature:	Date: