

**CAS FORM** (6/2017)  
Robinson High School International Baccalaureate Program

Pre IB, grade 9-10  
\_\_\_\_ IB DP, grade 11-12

**Part One: PRE-APPROVAL** CAS Advisor (Homeroom Teacher):

Student Name: \_\_\_\_\_ Class of 20\_\_\_\_

Name of Activity :

Name of Organization:

Type of Experience:

- Creativity: art, music, and other experiences that involve creative thinking and creating
- Activity: physical exertion contributing to a healthy lifestyle
- Service: addressing —abuse, —elderly, —health & fitness, —human rights, —animal welfare, —disaster/safety, —conservation/environment, —education, —literacy, —mentoring/tutoring, —poverty/homelessness, —mentally/physically challenged or —other

Parent verification:

CAS Advisor Signature (or write "On Preapproval List"): \_\_\_\_\_ Date: \_\_\_\_\_  
During the summer preapproval can be requested through email to the IB school counselor.

**Part Two: ACTIVITY LOG** On-going experiences may require a separate full-page log sheet. You may use a certificate or letter from the organization to verify hours. If so, write "see attached" in the box below.

Date	Starting Time	Ending Time	Duration	C, A, or S	Activity Description	Verified <small>(supervisor initial)</small>
<b>TOTAL HOURS</b> 15 minutes = 0.25 hours 30 minutes = 0.50 hours 45 minutes = 0.75 hours				<b>C</b> <b>A</b> <b>S</b>	<b>Pre IB: 40 Service Hours Total</b>	<b>DP: HOURS TOTAL</b> Min. 25 hours Creativity Min. 25 hours Activity Min. 75 hours Service Includes 50 hour CAS Project *100 hours total for Bright Futures

**Part Three: ACTIVITY SUPERVISOR EVALUATION** A letter or certificate from the sponsoring organization may be attached in lieu of this section. Write "see attached" below.

CRITERIA	OUTSTANDING	GOOD	AVERAGE	BELOW AVERAGE	NOT OBSERVED
Attendance, punctuality, and time spent on the activity.					
Evidence of initiative, planning, organization.					
Amount of effort and commitment to the activity.					
Personal achievement & development					

PRINT Supervisor Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Phone or Email: \_\_\_\_\_  
CAS ADVISOR Completion Signature: \_\_\_\_\_ Date: \_\_\_\_\_