

CAS ACTIVITY LOG
International Baccalaureate Program
Robinson High School



Student Name _____

Student Number _____ **CAS Advisor (HR)** _____

Name of Activity _____

Date	Duration	C, A, S	Activity Description

Total Hours _____ **Student Signature** _____

Parent Signature _____

Supervisor Name and Title (please print) _____

Supervisor Signature (only if applicable) _____

Contact Info (phone or email) _____