

CAS: Activity Signature Form

Candidate Name: _____

Graduation Year: _____

Name or description of activity/project:

Date(s) of activity/project: _____

Indicate the area(s) that the activity/project encompassed: (circle all that apply)

CREATIVITY ACTION SERVICE

Check one or more of the specific CAS learning outcomes you plan to meet.

- 1. ___ Increase awareness of my own strengths and areas for growth
- 2. ___ Undertake new challenges
- 3. ___ Plan and initiate activities
- 4. ___ Work collaboratively with others
- 5. ___ Show perseverance and commitment in my activities
- 6. ___ Engage with issues of global importance
- 7. ___ Consider the ethical implications of my actions
- 8. ___ Develop new skills

Briefly describe your initial goals for this activity/project and how you plan to meet one or more of the specific learning outcomes.

Indicate how you will document your reflection(s) for this activity/project.

___ Journal ___ Video Log ___ Weblog ___ Scrapbook ___ Other

Document your hours for this activity in the table below. Add additional pages if necessary.

Date	Activity Description	Hours Completed	Supervisor Signature

Tracking of hours for this Activity/Project (Student completes)

Creativity	Action	Service	Total

To be completed by the supervisor:

Supervisor Name: _____ **Contact Number:** _____

Supervisor Signature: _____ **Date:** _____

Candidate Signature: _____ **Date:** _____

Did the student meet his or her goals defined above? ___ Yes ___ No

Add comments if necessary