Revised Form – August 2005

Atlanta International School
CAS DOCUMENTATION FORM

DATA

Student Name: _____ Grade: _____

CAS Activity: _____

Date(s) of activity: (Start) _____ (End) _____ Advisor's Last Name: _____

CAS ACTIVITY VERIFICATION (to be completed by supervisor of the activity – and should only be signed after reflection is complete)

Hours completed: Creative _____ Action _____ Service _____

Sponsoring Organization: _____

Adult Supervisor's Name: _____ Phone: ( ) _____

Adult Supervisor's Signature: Date:

SELF-ASSESSMENT (completed by the student) ****** MINIMUM OF TEN WRITTEN LINES ******

Write at least one detailed paragraph in which you discuss the personal goals you achieved during your CAS experience. Identify and explain how your activity is Creativity, Action, or Service or a combination of these. How did you grow as a person? What did you learn about yourself and others? What skills, values, and/or understandings did you acquire? What was the benefit of this CAS experience to you and others? How will you apply what you learned in this experience in your future life? ***(Use the reverse side if needed)***

FINAL APPROVAL (completed by the advisor only)

_____ The self-evaluation reflects personal growth and learning.
_____ All signatures and phone numbers are complete and accurate.

Advisor's Final Approval for CAS Hours : _____ Date: _____

CAS Coordinator's Final Approval for CAS Hours: _____ Date: _____