

IB CAS - Supervisor Evaluation Form

Creativity - Activity - Service

****Students will fill out all information outside of the box.****

Student Name: _____ Class of 20_____

Experience/Activity : _____ Start date: _____ End Date: _____

Name of organization: _____

Contact/supervisor's name: _____

Phone number/email: _____

Activity type (circle one or more): **C**reativity / **A**ctivity / **S**ervice

Learning outcomes achieved in this activity (check one or more):

1. ☐ Identify own strengths and develop areas for growth
2. ☐ Demonstrate that challenges have been undertaken, developing new skills in the process
3. ☐ Demonstrate how to initiate and plan a CAS experience
4. ☐ Show commitment to and perseverance in CAS experiences
5. ☐ Demonstrate the skills and recognize the benefits of working collaboratively
6. ☐ Demonstrate engagement with issues of global significance
7. ☐ Recognize and consider the ethics of choices and actions

Supervisor's Comments

Attendance/Punctuality : _____

Evidence of initiative/planning: _____

Amount of effort & commitment: _____

Personal achievement & development: _____

Additional comments:

Supervisor's Signature: _____ Date: _____