

**FORT MYERS HIGH SCHOOL
INTERNATIONAL BACCALAUREATE PROGRAM
CAS FORM**

PROPOSAL (pre-approval required)

Student's Name _____ Class of _____

Today's Date _____

Type of Activity: Creative ___ Action ___ Service ___ Estimated Number of Hours _____

Name of Organization, Supervisor and Phone Number _____

Date(s) of Activity _____

(A single activity, Creative or Action, cannot count for more than 50 CAS hours and a single Service activity cannot count for more than 75 CAS hours toward your 175 total. Any hours exceeding these limits cannot be applied toward CAS. For example, if you worked 100 hours on a service project, only 75 of those hours will count toward your total requirement.)

Explain your goals and give a brief description of the activity. _____

Approving Signature of CAS Coordinator _____

Date _____

SUPERVISOR'S EVALUATION

Supervisor, please complete the following:

Date(s) of Activity _____

Punctuality and Attendance _____

Effort and Commitment _____

Further Comments _____

Student's overall performance was (circle one) Outstanding Good Average Below Average

Number of Hours (MUST BE IN SUPERVISOR'S HANDWRITING) _____

Supervisor's Name (Please print) _____ Phone Number _____

Supervisor's Signature _____ Date _____

