

CAS Project Planning Form

Student Project Leader(s)			
Team Members			
Title of Project			
Focus of Project			
Name of organization the project is organized with or for, if applicable			
Contact person at organization, phone number and e-mail, if applicable			
Teacher or other external supervisor, phone number and e-mail, if applicable			
Anticipated date of CAS/CSL Project			
Risk assessment required?	Yes/No	Risk assessment completed?	Date:
Student Signature(s)/date			
CAS/CSL supervisor/advisor signature/date			
Principal signature (if required)/date			

STAGES	ACTION PLAN
<p>Investigation: What research do you need to complete? What do you already know about this issues? What skills do you have which will help you complete this goal?</p>	
<p>Preparation: What materials do you need to complete this project? What support is required? What challenges do you predict? What is your timeline?</p>	
<p>Action: Give a brief overview of the implementation and list the steps of the project.</p>	<p>Step 1:</p> <p>Step 2:</p> <p>Step 3:</p>
<p>Reflection: Decide when you will reflect. What evidence will you use in your reflection?</p>	
<p>Demonstration: What final products (e.g. pamphlets, videos, research) will be created by the end to support your aim? How will you share your experiences?</p>	

<p>CAS Focus: Which of the following does your project target? <input type="checkbox"/> Creativity <input type="checkbox"/> Activity <input type="checkbox"/> Service – Identified Need _____</p>	
<p>Learning Outcomes: Which learning outcomes will be fulfilled?</p>	
<p>IB Learner Profile Attributes: Which attributes will this project enhance? How will these attributes develop throughout the process?</p>	
<p>Service Learning: In what way(s) does this project connect to something you have learned in the classroom?</p>	