

HHS CAS PROJECT PROPOSAL FORM

Directions:

1. Complete the sections in paragraph form.
2. Have the Project Proposal Form signed by your parent/guardian.
3. Submit the Project Proposal Form to your CAS Advisor, the CAS Coordinator, and finally to Mr. Bell if deemed necessary for approval and signature **PRIOR** to beginning your project. (This may be after your first team meeting date.)
4. Keep 2 hard copies in your CAS Portfolio.

Name: _____ Class of: _____

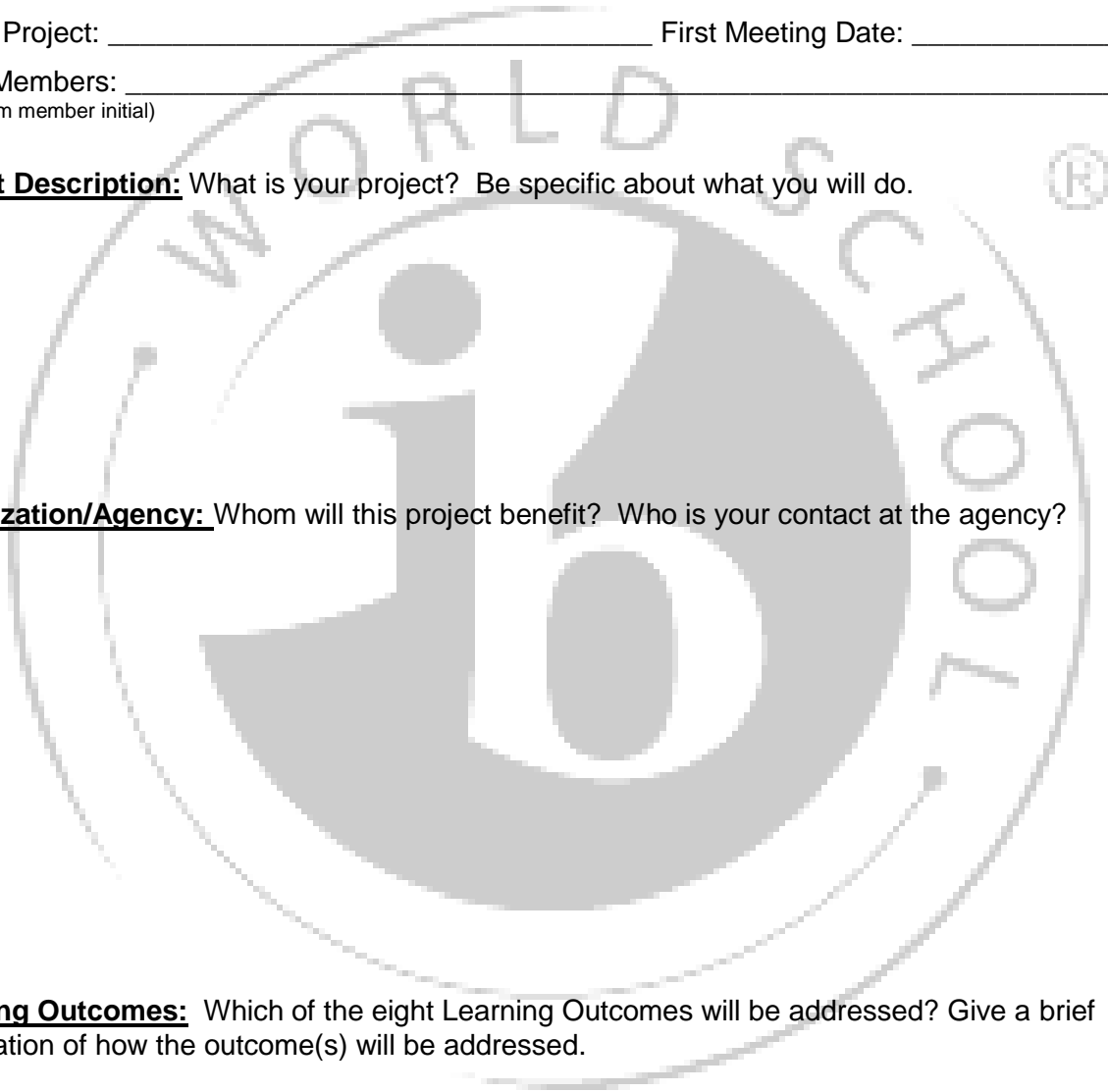
Title of Project: _____ First Meeting Date: _____

Team Members: _____
(have team member initial)

Project Description: What is your project? Be specific about what you will do.

Organization/Agency: Whom will this project benefit? Who is your contact at the agency?

Learning Outcomes: Which of the eight Learning Outcomes will be addressed? Give a brief explanation of how the outcome(s) will be addressed.



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Final Results: What do you hope to accomplish as the results of your work? What do you expect to learn?

Have you completed a risk assessment? Yes/No Date: _____ (Keep in portfolio)

Have you completed a money handling form? Yes/No Date: _____ (Keep in portfolio)

Do you have a Mentor or Supervisor? (Circle one.)

You must meet with a mentor twice a month to review progress and give advice if necessary but is not involved in the project. A supervisor will be working with you on the project and will witness the process from planning through execution.

Name of Mentor/Supervisor: _____

Phone/Email of Mentor/Supervisor: _____

Signature of Mentor/Supervisor: _____

I have reviewed my son's/daughter's CAS Project. I understand that this project must last at least one month in order to meet the International Baccalaureate requirement. Additionally, I understand that all CAS projects must be approved by October 1 Senior year and completed by December 13 of Senior year.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

CAS Advisor Signature: _____ Date: _____

IB/CAS Coordinator Signature: _____ Date: _____

Principal Signature (if required): _____ Date: _____