

# HHS Unsupervised CAS Experience Approval

Student Name: \_\_\_\_\_

CAS Experience: \_\_\_\_\_ CAS Strand: \_\_\_\_\_

Experience Location: \_\_\_\_\_ Experience Dates: \_\_\_\_\_

Days involved per week: \_\_\_\_\_ Time involved per day: \_\_\_\_\_

Method of documentation/How will you provide evidence: \_\_\_\_\_

Name of Mentor: \_\_\_\_\_

(You must meet with your mentor twice a month to monitor progress)

Phone/email address of Mentor: \_\_\_\_\_

Mentor Signature: \_\_\_\_\_

### *IB's Desired Learning Outcomes for CAS that will be met:*

- Increase your awareness of your own strengths and areas for growth
- Undertake new challenges
- Plan and initiate activities
- Work collaboratively with others
- Show perseverance and commitment in your activities
- Engage in issues of global importance
- Consider the ethical implications of your actions
- Develop new skills

Keeping in mind that not every CAS experience addresses every “desired learning outcome” listed above, describe your experience in the space below, explaining how it satisfies CAS requirements and respects the spirit of CAS.

- How will this experience include “real purposeful activities with significant outcomes”?
- How will this experience provide a “personal challenge” that encourages you to stretch outside your comfort zone?
- What are your *specific* goals in completing this experience?
- How do you expect to grow from attaining (or attempting to attain) those goals?

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HHS CAS Coordinator or IB Coordinator Signature (must be obtained *before* beginning the experience indicating approval of this CAS experience)

\_\_\_\_\_ Date \_\_\_\_\_