

CAS: EXPERIENCE SELF-EVALUATION FORM

(Please submit one form for each experience; one for creativity, one for activity and one for service. These forms are due immediately after Spring Break of your senior year)

Candidate Name: _____

Name of experience: _____

Date the experience began: _____ Date the experience ended: _____

Total # of weeks: _____ How many of these hours were: creativity _____, activity _____, service _____?

Please identify which of the ten Learner Profile attributes was related to this experience (you may write more than one): _____

Please place a check by each of the learning outcomes you achieved during this experience

Learning Outcome	Achieved	Explain how the learning outcome was achieved through this experience
Increased your awareness of your own strengths and areas for growth		
Undertook new challenges		
Planned and initiated activities		
Worked collaboratively with others		
Showed perseverance and commitment		
Engaged with issues of global importance		
Considered the ethical implications of your actions.		
Developed new skills.		

A pdf version of this form may be found on the West High website, in the IBDP section.

**Please answer the following nine questions by writing a reflective essay.
Please attach as many pages as necessary.**

- Summarize what you did during this experience and how you interacted with others.
- Explain what you hoped to accomplish through this experience.
- How successful were you in achieving your goals? What difficulty did you encounter and how did you overcome it?
- What did you learn about yourself and others through this experience. What abilities, attitudes, and values have you developed?
- Did anyone help you to think about your learning during this experience? If so, who helped and how did they help?
- How did this experience benefit others?
- What might you do differently next time to improve?
- How can you apply what you have learned in other life situations?
- How have you documented this experience (Photo? Program? CD? Webpage? Journal? etc.)

To be completed by the activity leader/supervisor:

Punctuality and attendance: _____

Effort and Commitment: _____

Further comments: _____

The activity was (circle the appropriate response):

Satisfactorily completed

Not satisfactorily completed

Activity leader's name: _____ Phone number: _____

Activity leader's signature: _____ Date: _____

Candidate's signature: _____ Date: _____

CAS Coordinator's signature: _____ Date: _____