

**CAS COMPONENT OF IB DIPLOMA
(INCLUDE BOTH EXPERIENCES AND PROJECTS)
FINAL SUMMARY FORM**

*(please submit this form, along with the three CAS Experience Self-Evaluation Forms and
CAS: Project Self-Evaluation Form immediately after Spring Break of your Senior Year)*

Candidate Name: _____

Indicate below the CAS experiences and projects in which you have been involved and the hours dedicated to each one with a total number of hours for the CAS component of your IB Diploma.

Number of CAS experiences & projects undertaken Total hours dedicated

Experiences and projects	Approximate Number of Hours
1. _____	<input type="checkbox"/>
2. _____	<input type="checkbox"/>
3. _____	<input type="checkbox"/>
4. _____	<input type="checkbox"/>
5. _____	<input type="checkbox"/>
6. _____	<input type="checkbox"/>
7. _____	<input type="checkbox"/>
8. _____	<input type="checkbox"/>
9. _____	<input type="checkbox"/>
10. _____	<input type="checkbox"/>
11. _____	<input type="checkbox"/>
12. _____	<input type="checkbox"/>

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

