



Creativity, Action, Service EXPERIENCE VERIFICATION FORM

Please submit to: Mr. Yarbrough, CAS Coordinator / Room 114

Student Name: _____ Student ID No. _____

Class of _____ Activity Name/ Title: _____

-----BELOW TO BE COMPLETED BY THE ACTIVITY LEADER/SUPERVISOR-----

By signing this form the activity leader is verifying that the IB candidate successfully completed the above number of hours. Please rate this candidate's performance in this activity.

Hours Completed: _____

This diploma candidate demonstrates:

	Always		Sometimes		Never
Commitment	5	4	3	2	1
Punctuality	5	4	3	2	1
Thoroughness	5	4	3	2	1
Initiative	5	4	3	2	1

The activity was: (circle) **Satisfactorily Completed** **Not Satisfactorily Completed**

Please provide any comments about the IB Diploma Candidate:

Date: _____

Activity Leader's Name (Print): _____

Activity Leader's Signature: _____

Phone Number: (___ ___) ___ ___ - ___ ___

Email: _____

**Cavalier
International Baccalaureate
John F Kennedy High School**

Contacts: (301) 962-5900

Stacey Wahrman
IB Diploma Program Coordinator

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David W. Yarbrough
IB CAS Coordinator