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:

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commitment</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Punctuality</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Thoroughness</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Initiative</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>

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

David W. Yarbrough
IB CAS Coordinator