# CAS project form

**Student document**

|  |  |
| --- | --- |
| Student project leader(s) |  |
| Members |  |
| Title of project |  |
| Focus of project |  |
| How we are following the CAS stages: | For each CAS stage, describe either what has been done or what you plan to do: 1st check-up / 2nd check-up + FINALDates: / FINAL  |
| Investigation |  |
| Preparation |  |
| Action |  |
| Reflection |  |

|  |  |
| --- | --- |
| Demonstration |  |
| Name of organization the project is organized with or for, if applicable |  |
| Contact person at organization, contact phone and email, if applicable |  |
| Teacher or other external supervisor, if applicable |  |
| Anticipated dates of CAS project |  |
| Risk assessment required? | Yes/No | Risk assessment completed? | Yes/No |
| Student signatures |  |
| CAS supervisor/adviser signature/date |  |
| Principal signature (if required)/date |  |

CAS COORDINATOR: Loreana Selišek Butina, M.A.