

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: 1 st check-up / 2 nd check-up + FINAL Dates: _____ / 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			

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