

# CAS CHECKLIST

Please initial each section as acknowledgement and understanding of CAS. **Please complete this page by May 15 of your Sophomore (10<sup>th</sup> grade) school year.**

I acknowledge and fully understand the following:

Student  
Initial                      Date

I have carefully reviewed the Betty H. Fairfax CAS Handbook.

\_\_\_\_\_

I understand the requirements of CAS and will contact my CAS Advisor or IB Coordinator with questions I may have.

\_\_\_\_\_

I know the name and location of my CAS Advisor(s).

\_\_\_\_\_

I understand that I am responsible for initiating and directing my CAS hours / program and will complete requirements honestly and within the final two years of my academic career at Betty H. Fairfax High School.

\_\_\_\_\_

I will develop a CAS plan that covers activities and projects for the next two years.

\_\_\_\_\_

I will maintain all required logs and documentation (photos, notes, records, articles, videos, etc.) of my CAS requirements in addition to updating Managebac regularly.

\_\_\_\_\_

I acknowledge that I must provide evidence of my learning outcomes along with my final submission of CAS hours.

\_\_\_\_\_

I understand that my CAS activities may require that I work off campus to complete my hours.

\_\_\_\_\_

I acknowledge and completely understand that I will not be awarded the IB Diploma if I lack the motivation, initiation and responsibility to complete my CAS requirements satisfactorily and timely.

\_\_\_\_\_

My parents/guardians have carefully reviewed the Betty H. Fairfax CAS Handbook and understand my role and responsibility and understand that my completion of hours may require that I participate in off campus activities.

**PARENT/GUARDIAN INITIALREQUIRED**

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

IB Coordinator Signature \_\_\_\_\_

Date \_\_\_\_\_

CAS Advisor Signature \_\_\_\_\_

Date \_\_\_\_\_