

# International Baccalaureate Program Gulf High School

## CAS: Supervisor's Evaluation Form

The student must submit this form to the supervisor immediately upon completion of the activity.

Student Name: \_\_\_\_\_ Student Number \_\_\_\_\_

Name of Activity: \_\_\_\_\_

Date(s) of Activity: \_\_\_\_\_

Number of Hours: \_\_\_\_\_ (Hours must be in supervisor's handwriting.)

Please rate the candidate's performance using an **X** under the appropriate level.

<b>Criteria</b>	<b>Outstanding</b>	<b>Good</b>	<b>Average</b>	<b>Below Average</b>	<b>Not Observed</b>
Attendance, punctuality and time spent on activity					
Evidence of initiative, planning, organization					
Amount of commitment to the activity					
Personal achievement and development, taking into account the student's skills/attitudes at the start of the activity					

Comments (use back if necessary)

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Supervisor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_