



Cleveland High School International Baccalaureate CAS Project Evaluation Form

Student Name _____ Date _____

Project Agency/Organization _____ Phone _____

Supervisor Name _____ Number of hours _____
please print

The IB program at Cleveland High School thanks you for your leadership of this activity. Please comment on the student's performance with reference to the criteria below. Please check the appropriate boxes:

	Always	4	Sometimes	3	2	Never	1
Attendance, Punctuality	5	4	3	2	1		
Evidence of initiative Planning, organization	5	4	3	2	1		
Effort and commitment	5	4	3	2	1		
Personal achievement, development	5	4	3	2	1		

Further comments are welcome. If this is not enough room, please feel free to attach a letter.

The above student's performance was _____ excellent _____ satisfactory _____ unsatisfactory

Supervisor Signature _____ date _____

Please return this form to the student or to Cleveland High School using fax or mailing address above.