

C.A.S. Experience Form

See Dr. Thomas in room 433 or email cthomas@azusa.org if you have questions!

Student Name: _____

Date(s) of C.A.S. Experience: ____/____/20____ to ____/____/20____

Supervisor name: _____

- Supervisor job title / relation to student: _____
- Supervisor email: _____@_____
- Supervisor phone number: () _____ - _____

Supervisor Signature: _____

Strand: Check All that apply

_____ Creativity

_____ Activity

_____ Service

Learner Profile Attribute(s) improved upon: *Check All that apply; state how in your Reflection*

<input type="checkbox"/>	Balanced	<input type="checkbox"/>	Open-Minded
<input type="checkbox"/>	Caring	<input type="checkbox"/>	Principled
<input type="checkbox"/>	Communicator	<input type="checkbox"/>	Reflective
<input type="checkbox"/>	Inquirer	<input type="checkbox"/>	Risk-Taker
<input type="checkbox"/>	Knowledgeable	<input type="checkbox"/>	Thinker

Learner Outcome(s) the Experience included: *Check All that apply; explain how in your Reflection*

<input type="checkbox"/>	Learning outcome 1: Identify own strengths and develop areas for growth	<input type="checkbox"/>	Learning outcome 5: Demonstrate the skills and recognize the benefits of working collaboratively
<input type="checkbox"/>	Learning outcome 2: Demonstrate that challenges have been undertaken, developing new skills in the process	<input type="checkbox"/>	Learning outcome 6: Demonstrate engagement with issues of global significance
<input type="checkbox"/>	Learning outcome 3: Demonstrate how to initiate and plan a CAS experience	<input type="checkbox"/>	Learning outcome 7: Recognize and consider the ethics of choices and actions
<input type="checkbox"/>	Learning outcome 4: Show commitment to and perseverance in CAS experiences	<input type="checkbox"/>	

