



WOOSTER HIGH SCHOOL
IB CAS PROPOSAL



NAME: _____ **DATE:** _____

LEARNING OUTCOME: _____

ACTIVITY: _____

DATES: _____

SUPERVISOR INFORMATION:

NAME: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

For Office Use Only

APPROVED ON: _____

DOCUMENTED ON: _____

CAS COORDINATOR SIGNATURE: _____

Proposals are due two weeks prior to the start of an activity.