

Eugene IHS CAS Verification Form

Student Name:

Name of Experience:

Type of Experience Completed:
(Creativity, Activity or Service)

Beginning Date:

End Date:

Experience Description:

Thank you for supporting the CAS program at Eugene International High School. Please take the time to fill out this evaluation form.

Please comment on the student's progress, effort and commitment:

I hereby verify that the student has completed ____ CAS hours.

Supervisor Signature:*

Supervisor Name (Print):

Title:

Organization (if applicable):

Phone:

Email:

* If submitted electronically, send from supervisor email to Seminar teacher to verify identity.