CAS ACTIVITY SELF-EVALUATION (FORM CAS/AEF)

CANDIDATE NAME (please print): _____

Date of birth _____

NAME OF ACTIVITY: _____

DIRECTIONS: Within two weeks of the completion of an activity, you must submit some form of meaningful reflection (**email is best**) to the CAS Coordinator. Remember, your reflection is your evidence that the activity met one or more of the 8 learning outcomes. Your reflection should explore your experience. Use this form if desired. Consider the following:

- How you felt
- What you perceived
- What you thought about the activity
- What the activity meant to you
- What the value of the activity was
- What they learned from the activity and how this learning (for example, a change of perspective) might apply more widely

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Use the space below for typing your reflection, or attach additional sheet.

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Candidate Signature: **_____Date: _____**
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