Senior CAS Check-In Form

Due at Fall Interview

Name:

**CAS Experiences – you may add rows to the table if necessary**

|  |  |  |
| --- | --- | --- |
| Experience “Title” | Reflection | Evidence |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**List how many experiences are:**

Creativity \_\_\_\_\_\_\_\_\_

Activity \_\_\_\_\_\_\_\_\_

Service \_\_\_\_\_\_\_\_\_

**Screen Shot of Learning outcomes** {insert here}

**CAS Project Questions**:

a.

b.

c.

d. (respond in one paragraph)

e.