

International Baccalaureate

CAS Coordinator Evaluation

(To be completed every nine weeks during the school year)

SCHOOL CODE: _____

SCHOOL NAME: Samuel Clemens High School SCUCISD Schertz TX

Candidates Name: _____ ID: _____

Date of Evaluation: _____

Current Projects: _____

Evaluation:

Monthly and Ongoing Records completed and submitted on time: _____

Candidate's Involvement: _____

Candidate's Personal Development: _____

Other Commits: _____

Coordinators Signature: _____