International Baccalaureate
CAS Ongoing Project Record sheet for project hours

Student Name: _____ ID:_____
Project Title: _____
Beginning Date of Project:_____ Ending Date of Project:_____
Date submitted (with Proposal Approval Form, Self-Evaluation and Letter from Supervising Adult) _____
Adult Supervisor: _____ Title: _____
Contact Numbers: _____
Address:_____
Email: _____

Directions: Take this form with you every time you will be working on your project. Complete all necessary information and have your supervisor sign off the hours.

Activity Details	Date	CAS	LNI	Total Hours	Supervisor