



Creativity, action, service (CAS) Activity Reflection

Name:	Date:
Activity:	
Date(s) of activity:	Approximate # of activity hours:
Activity contact person and phone number:	
Describe initial goals for activity; include whether or not these goals were achieved; provide explanation: _____ _____ _____ _____ _____ _____ _____ _____	
Describe proposed learning outcomes and goals; include whether or not these learning outcomes were achieved; provide explanation: _____ _____ _____ _____ _____ _____ _____ _____	

Turn in completed worksheets to the CAS Coordinator for review and approval.

CAS Coordinator's signature _____ Date _____