

Form D: CAS Advisor Evaluation Form

(to be completed by the activity/project leader)

Date:

Name of Candidate:

Name of CAS Adviser:

Contact details:

Punctuality and attendance of candidate

Effort and commitment of candidate

Further Comments:

The activity/project was (circle the desired response)

Satisfactorily completed

Not satisfactorily completed

Signature of CAS Adviser:

Date: