
CAS ACTIVITY PROPOSAL FORM

This form has to be completed by each student for each project, following the CAS guidelines and the IB CAS Guide provided to each student.

SCHOOL NAME: American School of Bilbao
CANDIDATE NAME: Sarah de la Mata
DATE:

SCHOOL CODE:
CANDIDATE CODE:

PROJECT/ACTIVITY TITLE: DANCE CLASSES

PROJECT/ACTIVITY SHORT DESCRIPTION:

Attend to dance classes in EBZ studio in Las Arenas. I will participate in the group of modern dance with girls my age.

PREDICTED LENGTH OF ACTIVITY

Explain how long/often you will undertake the activity.

October - March

CAS ELEMENTS INVOLVED

CREATIVITY

ACTION

SERVICE

PERSONAL GOAL FOR THE ACTIVITY:

Write at least one paragraph specifically stating the goal(s) you plan to achieve during this CAS opportunity. Your goals should reflect your motivation for choosing this activity, and how you think this experience will affect you and/or others.

GUIDING QUESTIONS

- What do I hope to accomplish?
- How does what I'm doing help to accomplish the stated objectives?
- How will I know if I've achieved my objectives or not?

When I was younger I attended dance classes and I loved dancing. However, I did not continue dancing and now I want to start again and try to get back all the skills I lost. I also want to gain more flexibility to be able to do more dance moves. I know I will have achieved my objectives when I feel comfortable following my teacher's and classmates' dance moves.

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ANTICIPATED LEARNING OUTCOMES:

Indicate which are the learning outcomes that you are hoping to meet with this activity. Explain how this project/activity will help you achieve the chosen CAS Learning Outcomes? (Explain the relationship between what you are doing and the learning outcomes)

1. Increased their awareness of their own strengths and areas for growth.

I will increase my dancing and flexibility skills

2. Undertaken new challenges

It is a challenge for me to start again dancing and trying to be more flexible which is very difficult.

3. Planned and initiated activities

4. Worked collaboratively with others

I will collaborate with my group and try to do my steps as best as I can to keep up with the group.

5. Shown perseverance and commitment in their activities

I will try to go everyday no matter what I have.

6. Engaged with issues of global importance

7. Considered the ethical implications of their actions

8. Developed new skills

Develop new flexibility skills

ORGANIZATION ASSOCIATED WITH ACTIVITY:

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- ADDRESS: EBZ, calle las Mercedes 25 1º, Getxo
- PHONE NUMBER: 944640984

PERSON IN CHARGE (SUPERVISOR): Begonia Zabala
EMAIL: begonazabala@telefonica.net
MOBILE PHONE NUMBER: 630205378

POSITION: Director

PARENTAL APPROVAL

I agree to my child or ward being supervised by the above signatory for the designated activity.

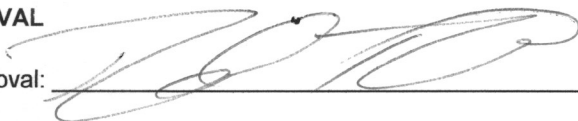


Signature of parent/guardian

8/9/2015
Date

SCHOOL APPROVAL

CAS Advisor Approval:



Date: 14/9/2015

Once the activity/project has been approved, please **SCAN** and **SAVE** the document in the corresponding folder as **proof of evidence**.