

CAS Supervisor Agreement Form: Gene L. Klida Utica Academy for International Studies
37400 Dodge Park Rd., Sterling Heights, MI 48312
CAS Coordinator Email: justin.spear@uticak12.org

Dear Sir or Madam,

Creativity, Activity, Service (CAS) is an International Baccalaureate diploma requirement for students that requires students at least 150 hours of supervised experiences and projects during 11th and 12th grade. Each experience requires a CAS supervisor who is at least eighteen years of age, not related to or a personal friend of the student. As a CAS supervisor, you agree to the following:

- ✓ Monitoring student attendance, if attendance is required
- ✓ Providing guidance, training & support related to the experience to ensure the student's safety
- ✓ Alerting the CAS coordinator (see contact info below) to any issues
- ✓ Communicating with the CAS coordinator any issues regarding the safety of our students
- ✓ Reporting on the student's performance via an email link to provide brief comments

CAS students under your supervision are expected to:

- ✓ Be punctual, dress appropriate, and act in a positive manner at all times
- ✓ Respect the rights and autonomy of all individuals with whom they interact
- ✓ Not receive monetary payment of any kind for service hours
- ✓ Refrain from any form of proselytizing or religious conversion in exchange for service

Please note that at full capacity, we will have hundreds of students performing different experiences. We ask you to use sound judgment in assigning students tasks and roles that are both safe and reasonable. If you have any questions about the appropriateness of a specific experience, please do not hesitate to contact me. Please take the time to fill out the information below.

Respectfully,

Justin Spear, CAS Coordinator, UAIS
586-797-3164
justin.spear@uticak12.org

Student's Full Name: _____
Name of Experience/Project: _____
Supervisor's Full Name: _____
Supervisor's Title/Position: _____
Supervisor Phone #: _____
Supervisor Email: _____

Attention Supervisor: Please provide contact information above, sign/date below, and include an estimate of hours you feel this student might complete. **Please retain a copy of this form for your records in case contact with us is needed.**

Supervisor's Estimate of Hours Total for this Experience/Project: _____

Supervisor Signature: _____ **Date:** _____