

Student Self-Assessment Form

Student Name

Class

Date

Self-Assessment Criteria

Criteria	Excellent	Good	Fair	Needs Improvement
Participation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homework Completion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaboration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What are your strengths?

Areas you can improve:

Your goals for the next term:

Additional Comments: