

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: