

Name _____

Checking It Out

This is an evaluation of _____ activity.

Place a ✓ in the box that best describes your work.



	Good	Fair	Poor
1. I completed my work.	3	2	1
2. I prepared well ahead of time.	3	2	1
3. I used my time wisely.	3	2	1
4. I cooperated with others.	3	2	1
5. I checked my grammar, punctuation, and spelling.	3	2	1
6. I followed directions.	3	2	1
7. I did my best.	3	2	1
8. I am satisfied with my work.	3	2	1

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Add the ✓ marks in each column.

Write each total in the box below the column.

On the back of this sheet, explain what you would do differently.