**Student Self-Evaluation**

**Name: Period: Date:**

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| I ask questions when I need help. | ☺ 😐 ☹  ***often sometimes never never*** |
| I listen when my peers/teachers are speaking. | ☺ 😐 ☹ |
| I turn in my homework. | ☺ 😐 ☹ |
| If I’m not sure what to do, I ask a classmate. | ☺ 😐 ☹ |
| I keep my hands to myself. | ☺ 😐 ☹ |
| I transition to my groups quickly. | ☺ 😐 ☹ |
| When I’m working on my own, I’m on task. | ☺ 😐 ☹ |
| I have fun every day. | ☺ 😐 ☹ |
| I help my classmates. | ☺ 😐 ☹ |
| I think I’m improving. | ☺ 😐 ☹ |