**Student Self-Evaluation**

**Name: Period: Date:**

|  |  |
| --- | --- |
| 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. | ☺ 😐 ☹  |