

Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

When you enter my class, this is what I expect you to do! You can do this!

Please complete this biweekly.

	Excellent	Good	Satisfactory
Demonstrate physical & verbal self control			
Negotiates compromises			
Interacts appropriately with peers & adults			
Demonstrate appropriate independence			
Participate with enthusiasm			
Finishes projects/assignments			

My overall assessment for the week is \_\_\_\_\_. (Fill in Excellent, Good or Satisfactory upon your decision.)

Teacher Comments	Students comments