Student Self-assessment form

Student Name:………………………….

Lesson Name/Number:………………………..

On a Scale of 1 – 5 rate your:

Skill Level:

1 2 3 4 5

Enjoyment:

1 2 3 4 5

What did you enjoy? ………………………………………..

……………………………………………………...…………………

………………………………………………………………………..

What could have been better? ………………………

…………………………………………………………………………

…………………………………………………………………………