Periodic Self-Evaluation

Name: 
Evaluation Period: ______ to ______

What was the five-day class goal for your team?

__________________________________________________________

__________________________________________________________

Did the original goal change during the past five class days? If yes, explain how.

__________________________________________________________

__________________________________________________________

After five class days, do you believe progress was made toward the end goal? Yes No

Do you believe the amount of progress was proportional to the amount of time that you and your teammate had invested? Yes No

Did you learn anything new in the process? Yes No

If yes, please explain:

__________________________________________________________

__________________________________________________________

Did you experience any difficulties with the project during the past five days? Yes No

If yes, please explain:

__________________________________________________________

__________________________________________________________

Teacher’s Evaluation: 3 2 1