



Assessment Rubric

Slab Pot

Name: _____

Date: _____

Period: _____

Assessment Rubric						
Student Name:				Class Period:		
Assignment: Slab Pot – Glaze				Date Completed:		
Circle the number that best shows how well you met the criteria for this assignment.	Excellent	Good	Average	Needs Improvement	Rate Yourself	Teacher's Rating
Criteria 1 – No glaze where lid and pot touch or on the bottom of pot	25	15	10	5		
Criteria 2 – Clear glaze over underglaze paper resist pattern and opaque glaze on the remaining sides	25	15	10	5		
Criteria 3 – No visible brushstrokes (three coats of glaze)	25	15	10	5		
Criteria 4 – Craftsmanship – How neatly areas are glazed	25	15	10	5		
Total: 100 (possible points)	Grade:				Your Total	Teacher's Total

Student Comments:

Teacher Comments: