



FORM RUBRIC

PROJECT NAME:

Name: _____

Date: _____

Period: _____

ASSESSMENT RUBRIC

DATE COMPLETED:

Circle the number that best shows how well you met the criteria for this project.

CRITERIA 1 -

Excellent

Good

Average

Needs Improvement

Rate Yourself

Teacher's Rating

25

15

10

5

CRITERIA 2 -

25

15

10

5

CRITERIA 3 -

25

15

10

5

CRITERIA 4 -

25

15

10

5

TOTAL POINT:

GRADE:

Total:

Total:

Student's Comments:

Teacher's Comments: