





Name: _____

Date: _____

Student Self Reflection

-  Yes, I do that almost all the time
 Most of the time i will do this
 Most of the time I struggle with this
 No, I am not doing this and need to show improvement

I follow classroom and school guidelines



I show respect for myself & others



I have control over my actions



I stay on task & focus on my work



I ask for help when I don't understand



I take time & do my best handwriting



I finish my work on time



I turn in homework on time

