

Assessment Rubric											
Student Name:						Class Period:					
Assignment:						Date Completed:					
Circle the number in pencil that best shows how well you feel that you completed that criterion for the assignment.						Excellent	Good	Average	Needs improvement	Rate Yourself	Teacher's Rating
Criteria 1 -		10	9 - 8	7	6 or less						
Criteria 2 -		10	9 - 8	7	6 or less						
Criteria 3 -		10	9 - 8	7	6 or less						
Criteria 4 - (How long time to develop idea & complete project? (Don't rush.) Good use of class time?		10	9 - 8	7	6 or less						
Criteria 5 - Craftsmanship - Neat, clean & complete? Skillful use of the art tools & media?		10	9 - 8	7	6 or less						
<b>Total: 50</b> <b>x 2 = 100</b> <b>(possible points)</b>	<b>Grade:</b>									<b>Your Total</b>	<b>Teacher Total</b>

Student Comments:

Teacher Comments: