

Name: _____

Date: _____

STUDENT SELF EVALUATION

Rate how you feel about the following topics. Draw in the box.

😊 GREAT

🙂 GOOD

😐 OK

☹️ POOR

Handwriting

Writing

Spelling

Recess

Following Directions

Being Kind

Participation

Math

Staying On Task

Homework

Reading

Always Giving 100%