



AMACO  
CLASSROOM

## Assessment Rubric

# Project Name

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Period: \_\_\_\_\_

Assessment Rubric							
Student Name:				Class Period:			
Assignment:				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 –		25	15	10	5		
Criteria 2 –		25	15	10	5		
Criteria 3 –		25	15	10	5		
Criteria 4 –		25	15	10	5		
Total: 100 (possible points)	Grade:					Your Total	Teacher's Total