



## 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		
<b>Total: 100</b> (possible points)	<b>Grade:</b>				Your Total	Teacher's Total

Student Comments:

Teacher Comments: