

Elementary Student Self-Evaluation Form

Student Name:

Grade/Class:

Teacher's Name:

1. How do you feel about your work in school this term?

2. Rate yourself in the following areas:

Listening:

☐ Excellent ☐ Good ☐ Needs Improvement

Participation:

☐ Excellent ☐ Good ☐ Needs Improvement

Homework completion:

☐ Excellent ☐ Good ☐ Needs Improvement

Teamwork:

☐ Excellent ☐ Good ☐ Needs Improvement

3. What is something you are proud of this term?

4. What is something you find challenging or want to work on?

5. How can your teacher(s) help you do better?

6. How can your family support your learning?

Date:

Submit Self-Evaluation

