

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

