Student Self-assessment Sheet

Name & Surname:
Date:
Citizenship Education Block_____

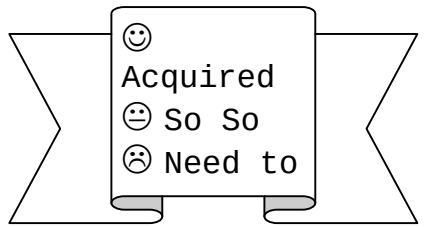
How do I feel about _____ ? (Make a circle!)

✪The activity 1 2 3 4 5

✪ My effort 1 2 3 4 5

✪The things that I've learned:

_____ 1 2 3 4 5
_____ 1 2 3 4 5
_____ 1 2 3 4 5

✪Teacher Work 1 2 3 4 5

General assessment: