

Name: _____

SELF EVALUATION

Read each statement below. Place a check mark in the box that best match your behavior in the classroom.

	Always	Sometimes	Never
I follow directions.			
I do my best work.			
I cooperate with others.			
I am polite and respectful to other students.			
I complete my work on time.			
I listen to the teacher.			
I raise my hand before I answer questions.			
I participate in class discussions.			
I study my class materials when I have free time.			
Goal #1:			
Goal #2:			
Goal #3:			