

DATA/BIT TEAM

Student Self-Evaluation Form

Student: _____ **Date:** _____ **Grade:** _____

Check the column that most closely is what you do. Remember, there are no right or wrong choices, so please mark what you really do.

	Always	Usually	Sometimes	Hardly Ever	Never
<u>Raise hand in class</u>					
<u>Act up in line</u>					
<u>Arrive to class on time</u>					
<u>Do what I'm told</u>					
<u>Behave for a substitute</u>					
<u>Talk in class</u>					
<u>Write on desks</u>					
<u>Write on chairs</u>					
<u>Lean back in chairs</u>					
<u>Chew gum in class</u>					
<u>Throw objects in class</u>					
<u>Touch other students</u>					
<u>Take other's things</u>					
<u>Have all materials for class</u>					
<u>Help teacher when asked</u>					
<u>Act politely</u>					
<u>Pay attention in class</u>					
<u>Clean up desk area</u>					
<u>Accept extra duties in class</u>					
<u>Use restroom time properly</u>					
<u>Turn in found objects</u>					
<u>Obey school rules</u>					
<u>Obey classroom rules</u>					
<u>Copies work from others</u>					
<u>Use abusive language</u>					
<u>Destroys property</u>					
<u>Take responsibility for actions</u>					
<u>Seek help if in difficulty</u>					