

## STUDENT ASSESSMENT AND FEEDBACK

**Name:** \_\_\_\_\_

**Course:** \_\_\_\_\_

Record the information below in the spaces provided as accurately as possible. Be sure to include your score on any of the on-line quizzes available at the course web site. *Please be aware that this data is not included in your evaluation (formal mark) but designed to help you better assess where your strengths and weaknesses lie within the key evaluation areas of **knowledge, thinking, application and communication**.*

Assessment Activity / Review Exercise (eg. Quiz – Demand)	Date	Score (Mark / level)	Areas (topics) where improvement needed* <b>Knowledge , Thinking, Application &amp; Communication</b> (conference with teacher for help in areas of weakness)	Parent / Teacher Signature
1				
2				
3				
4				

\* Note the content on the particular assessment/exercise which posed difficulty and be sure to review this area or seek help prior to a formal evaluation.