

Activity
LEARNER SELF-ASSESSMENT

NAME

DATE

From this activity I learned

.....
.....
.....

When I look at my work I like

.....
.....
.....

If I gave myself a mark out of 10, it would be

Because

.....
.....
.....

I wish I had

.....
.....

I will put a circle around each of those things I did to complete this activity:

- | | | | | |
|---------|------------|-------------|---------|-----------|
| write | listen | draw | observe | learn |
| plan | think | investigate | choose | calculate |
| discuss | any other? | | | |

If you circled 'any other', name these activities:

.....
.....