

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

## Self-Evaluation Form

Draw a smiley face for those areas you did well. Draw a frowny face for those areas that could have used improvement.

1. I did my very best work on the project.	<input type="radio"/>
2. I worked well with my group.	<input type="radio"/>
3. I participated in discussions.	<input type="radio"/>
4. It was easy to understand the directions.	<input type="radio"/>
5. I learned a lot from this project.	<input type="radio"/>
6. I really liked doing a project like this. It was fun.	<input type="radio"/>

Comments: \_\_\_\_\_

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