

ASSESSMENT TEMPLATES

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Action-Oriented Comments

Name:	Date:	Task:
<i>Continue . . .</i>		<i>Start to do more . . .</i>
<i>Consider . . .</i>		<i>Stop or do less . . .</i>

Anecdotal Comments

Name:	Date:	Task:
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
<input type="checkbox"/> Task Achieved: Meet all or most of the task requirements		

Can Do List

Name:	Date:			
Strand	I can do this easily	I can do this with some effort	I can do some of this	I can't do this yet
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

Checklist Boxes

Name:	Date:	Task:
<i>Features:</i>		
<i>I can /was able to . . .</i>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
Comments:		

<input type="checkbox"/> Task Achieved: Meet all or most of requirements

Checklist Whole Class 1

Task:											Date:
Name										Task Achieved	Comments/Notes
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											
13.											
14.											
15.											
16.											
17.											
18.											
19.											
20.											
21.											
22.											
23.											
24.											

*Use this form for short tasks, or specific incremental parts of a task (i.e. saying goodbye or handshaking)

Checklist Yes-No 1

Name:	Date:	Task:			
<i>Features:</i>					
Holistic			Rating		
<ul style="list-style-type: none"> Able to achieve task: Meet all or most of the task requirements 			Yes	Not quite	No
Analytic			Rating		
			Yes	Some what	No
•					
•					
•					
•					
•					
•					
•					
•					
•					
•					
Comments:					

Checklist Yes-No 2

Name:	Date:	Task:	
•		Yes	No
•		Yes	No
•		Yes	No
•		Yes	No
•		Yes	No
•		Yes	No
•		Yes	No
•		Yes	No

Name:	Date:	Task:	
•		Yes	No
•		Yes	No
•		Yes	No
•		Yes	No
•		Yes	No
•		Yes	No
•		Yes	No
•		Yes	No

Multi-Competency

Name:	Date:	Task:		
<i>Features:</i>				
Indictors of Ability			Yes	No
I Interacting with Others				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
II Instructions				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
III Getting Things Done				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
IV Information				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/> Task Achieved: Meet all or most of the task requirements				
Comments:				

*Use this form for assessing two competency at once (i.e. giving suggestions and agree/disagree/give opinions in group planning meetings)

Rubric

Name:	Date:	Task:
<i>Features:</i>		
Holistic	Comments	Rating
Able to achieve task: Meet all or most of the task requirements		Yes Not Quite No
Analytic	Comments	Rating
		4 3 2 1
		4 3 2 1
		4 3 2 1
		4 3 2 1
		4 3 2 1
		4 3 2 1
		4 3 2 1
		4 3 2 1
		4 3 2 1
		4 3 2 1
		4 3 2 1
Comments:		
<i>4 = Achieved Easily 3 = Achieved With Some Effort 2 = Partially Achieved 1 = Not Achieved</i>		

Scale Whole Class

Date:	Strand:	Task:
Name	Scale	Comments
	----- ----- ----- 1 4	
	----- ----- ----- 1 4	
	----- ----- ----- 1 4	
	----- ----- ----- 1 4	
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	----- ----- ----- 1 4	
	----- ----- ----- 1 4	

*Use this form for short tasks, or specific incremental parts of a task (i.e. saying goodbye or handshaking)

Score Record

Name:	Date:	Task:
Score:	<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved	
Comments:		

Name:	Date:	Task:
Score:	<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved	
Comments:		

*Use this document to record the score and comments when assessment questions need to be kept by instructor/school for future use