Self/Peer Assessment Checklist

Select outcome to observe and list specific indicators that describe that outcome.

*STUDENT:*_____ *SCHOOL GROUP:*_____

☐ Self: Date: _____ Signed: _____

☐ Peer: Date: _____ Signed: _____

Outcome: _____

List of things the outcome needs:	Frequently Demonstrated	Sometimes Demonstrated	Not at all Demonstrated
* _____	_____	_____	_____
* _____	_____	_____	_____
* _____	_____	_____	_____
* _____	_____	_____	_____
* _____	_____	_____	_____
* _____	_____	_____	_____
* _____	_____	_____	_____
* _____	_____	_____	_____
* _____	_____	_____	_____
* _____	_____	_____	_____
* _____	_____	_____	_____
* _____	_____	_____	_____