

## Bi-Weekly Self-Evaluation

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

Evaluation

Period: \_\_\_\_\_ to \_\_\_\_\_

What was the five-day class goal for you/your team?

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Did the original goal change during the past five class days? If yes, explain how.

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After five class days, do you believe progress was made toward the end goal?

Yes

No

Do you believe the amount of progress was proportional to the amount of time that you or your team had invested?

Yes

No

Did you learn anything new in the process?

Yes

No

If yes, please explain:

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Did you experience any difficulties with the project during the past five days?

Yes

No

If yes, please explain:

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Teacher's Evaluation:

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