
Student Evaluation Form for Students

Student's Information

- Name: [_____]
- Grade Level: [_____]
- Date: [_____]

Self-Assessment Criteria

Understanding of Subject Matter

- How well do you understand the topics discussed in class?
 - [Not at all | Somewhat | Mostly | Completely]

Participation and Engagement

- How actively do you participate in class discussions and activities?
 - [Not at all | Rarely | Sometimes | Always]

Homework and Assignments

- How consistently do you complete your homework and assignments on time?
 - [Never | Sometimes | Usually | Always]
- **Goals and Objectives**
- Have you met your academic goals for this period?
 - [Not at all | Partially | Mostly | Completely]
- What are your academic goals for the next period?
 - [Text Field]

Feedback on Course

- What do you like most about this course?
 - [Text Field]

- What areas of the course could be improved?
 - [Text Field]

Personal Reflection

- What are your strengths in this course?
 - [Text Field]
- What challenges have you faced, and how have you worked to overcome them?
 - [Text Field]