

Assessment Form for Students

Student Information

- Student Name: _____
- Student ID: _____
- Grade/Class: _____
- School Name: _____
- Date of Assessment: _____

Assessment Criteria

- Academic Performance
- Class Participation
- Homework Completion
- Behavior & Attitude
- Attendance

Performance Evaluation

Criteria	Excellent	Good	Needs Improvement	Poor
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading & Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Behavioral & Social Skills

- Interacts positively with peers: Yes No
- Shows responsibility for assignments: Yes No
- Follows school rules and guidelines: Yes No

Teacher's Comments

Recommendations

- Extra tutoring recommended
- Parent-teacher conference needed
- Encourage participation in extracurricular activities

Teacher's Name: _____

Signature: _____ Date: _____