**Student Self-Assessment Form**

**Student Information
Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Grade/Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
School/Institution Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Academic Performance**

1. **What subjects are you performing well in?**
2. **Which subjects or skills need improvement?**
3. **List one academic goal you want to achieve this semester:**

**Learning Preferences
☐ I learn best through hands-on activities.
☐ I prefer reading and independent study.
☐ Group discussions help me understand better.**

**Table for Rating Study Habits (1 - Poor, 5 - Excellent)**

| **Study Habit** | **Rating** |
| --- | --- |
| **Time Management** | **[ ]** |
| **Focus During Lessons** | **[ ]** |
| **Homework Completion** | **[ ]** |
| **Asking Questions** | **[ ]** |
| **Participation in Class** | **[ ]** |

**Additional Comments
Write anything else you would like your teacher to know:**

**Student Signature
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**