

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: _____