Self-Assessment #1

My Name is _____

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Date:

		Not Yet 1	I'm Learning 2	Yes 3	Always 4
1.	I can follow directions.				
2.	I can work nicely with others.				
3.	I can complete my work by myself.				
4.	I like to share my thinking with others.				
5.	I like to read.				
6.	I like to write.				
7.	I like to come to school.				
8.	I feel safe in my class.				

Turn the paper over and draw/write about your favorite thing to do in school.