

Review: Science
Night & Day

Name: _____

Directions: Choose whether the activity is done during the day time or night time.



Self Evaluation

Directions: Please type in guardian's name and type (E, VG, G, or NI) in the box. Depending on your child's performance

Name of Guardian:

Interpretation of grades:

E- Excellent (done independently)
VG- Very Good (Done with minimal assistance)
G- Good (done with Moderate assistance)
NI- Needs Improvement (done with maximum assistance)