

STUDENT ACTIVITY EVALUATION FORM

Student Name _____ LLC Course _____

Title of Activity _____ Group: Large ____ Small ____

Date ____/____/____ Evaluator _____

Art ____ Language ____ Math ____ Music/Movement ____ Science ____ Other ____

Evaluation Scale				
5 - Excellent	4 - Good	3 - Average	2 - Satisfactory	1 - Unsatisfactory

Prepared and on time	_____	Personal body language	_____
Activity lead-in	_____	Appropriate questions asked	_____
Eye contact	_____	Style and presentation creativity	_____
Physical participation if required	_____	Appeal to the participants	_____
Confidence level	_____	Awareness of group disinterest	_____
Enthusiasm and energy level	_____	Grammar and appropriate language	_____
Group awareness and management	_____	Voice inflection and volume	_____
Ability to redirect if needed	_____	Activity closing	_____
Knowledge of the teaching materials	_____	Transition to another area	_____
Child involvement in the activity	_____	Clean-up after activity	_____

Comments: _____

Student Activity Score _____ Maximum Score Available: **100** Overall Grade _____

Copy distribution

White (ECE Instructor)

Yellow (Student)