

# ASSESSMENT

**This form is to be completed by you after you have finished your project. It should be turned in with your project.**

Name \_\_\_\_\_

Class of 2 \_\_\_\_\_

Advisor \_\_\_\_\_

Date \_\_\_\_\_

Project Type: (circle one)    **PROJECT**    **COMMUNITY SERVICE**    **LCTI REVIEW**

Rate your effort on your project from 1 to 10 with 10 being the highest or best. Circle one.

**I. Originality and Creativity**

Selection, meaning, personal relevance,  
clear statement, ingenuity.

1   2   3   4   5   6   7   8   9   10

**II. Organization and Preparation:**

Structure, consistency,  
continuity, logical, sequential,  
clear.

1   2   3   4   5   6   7   8   9   10

**III. Thoroughness and Depth:**

Comprehensive, focused, time,  
commitment, critical thinking,  
personal skills involved.

1   2   3   4   5   6   7   8   9   10

**IV. Goal Definition:**

Challenging, purposeful, high  
expectations, relevant learning  
shows student understanding.

1   2   3   4   5   6   7   8   9   10

**V. Timelines:**

Met all timelines and checkpoints.  
(See pages 8-9.)

1   2   3   4   5   6   7   8   9   10

**V. Overall Project Exhibition:**

Communicated appropriately,  
quality, expressive, addresses  
original goal.

1   2   3   4   5   6   7   8   9   10

**Total your six scores.**

**Student Signature** \_\_\_\_\_

**TOTAL** \_\_\_\_\_