

Recordkeeping Form for Student Self-evaluation

Name: _____

Date(s): _____

Strand: _____

Project/experience Description: _____

1. What is the most unique or interesting thing about what I did?
2. What was the main problem I had to solve while I was working?
3. How did I try to solve the problem?
4. What did I learn while I was trying to solve the problem?
5. If I were to experience this project or activity again, what would I do differently?
6. Can I think of another project/experience that might grow out of the one in which I just participated?