

Sample Rating Scale Form

Student Name _____

Date _____

Activity _____

Rating Scale	1	2	3	4
<i>achieved</i>	<i>No evidence</i>			<i>Fully</i>

Criteria

1) _____	1	2	3	4
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2) _____	1	2	3	4
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3) _____	1	2	3	4
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4) _____	1	2	3	4
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5) _____	1	2	3	4
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