

## Student Self-Evaluation VMMS

Student Name: \_\_\_\_\_  
(Last)
(First)
(Middle)

<i>Instructions: Please check only one box. Additional comments may be written on a separate sheet.</i>	Always	Usually	Sometimes	Never	Additional Explanation(s)
Do you try to show your best work on class assignments, tests and projects?					
Do you turn in homework and outside projects on time?					
Do you complete homework and class projects to the best of your ability?					
Do you understand new ideas easily?					
Do you try to find out more about some things you learn in school?					
Do you like to read outside of school?					
Do you like learning new things?					
Do you consider yourself to be organized?					
Do you do your homework without being told?					
Do you seek out opportunities to help individuals/groups in your neighborhood/community?					
Do you believe you are a good student academically?					
Do you have trouble getting your homework done because of things you do outside of school (soccer, church, etc.)?					

Is there anything else about yourself that you think would help us make our decision? Please feel free to include a separate sheet of paper if additional space is needed.

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Student Signature