## **Evaluating Student Learning: Student Self-Assessment Tool**

Please answer each question to tell me your thoughts and feelings about today's activity or lesson.

Student Name:			
1. Did you understand the activity or lesson that we did in class today?		YES	NO
2. Are there any parts of the lesson or activity that were NOT clear to you?		YES	NO
If YES to #2, please describe:			
3. Do you want any extra help?		YES	NO
If YES to #3, please describe:			