NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
| Criteria | Self-Assessment (out of 10) | Proof (how do you demonstrate this – give examples) | Ways to Improve (how can you get better – list things you can do) | Mark (by teacher) |
| Am I engaged in the class from the bell to the end of class? |  |  |  |  |
| Am I able to set realistic goals for myself and work towards meeting these goals? |  |  |  |  |
| Do I follow all directions to the very best of my ability? |  |  |  |  |
| Do I always follow all safety procedures? |  |  |  |  |
| What is my level of intensity in the class, am I willing and motivated to become a physically active individual? |  |  |  |  |
| Do I encourage others to become physically active and eat right? |  |  |  |  |
| Do I think about what I say and do before I act? Keeping in mind others mental health and feelings.  |  |  |  |  |