GLAZE RUBRIC

PROJECT NAME: _____

Name: _____

Date: _____

Period: _____

ASSESSMENT RUBRIC							
DATE COMPLETED:							
Circle the number that best shows how well you met the criteria for this project.		Excellent	Good	Average	Needs Improvement	Rate Yourself	Teacher's Rating
CRITERIA 1 -		25	15	10	5		
CRITERIA 2 -		25	15	10	5		
CRITERIA 3 -		25	15	10	5		
CRITERIA 4 -		25	15	10	5		
TOTAL POINT:	GRADE:					Total:	Total:

Student's Comments:

Teacher's Comments: