Vame:	Week of:
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Name:	Week of:		
MUST DO:	MUST DO:		
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MUST DO:	MUST DO:		
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MAY DO:	MAY DO:		
			

NAME OF CENTER	CENTER EXPECTATIONS	STUDENT INITIALS*

^{*}Write your initials to indicate that you have checked both the quality and quantity of your work for each center.

Name: _____ Date: _____

CENTER #1		CENTER #2		CENTER #3	
Stu	ident Self-Assessment	Stu	udent Self-Assessment	Stu	udent Self-Assessment
	I have completed all		I have completed all		I have completed all
	of the above work.		of the above work.		of the above work.
	I have checked to		I have checked to		I have checked to
	make sure the		make sure the		make sure the
	quality of the work I		quality of the work I		quality of the work I
	have completed		have completed		have completed
	meets expectations.		meets expectations.		meets expectations.
	I have checked my		I have checked my		I have checked my
	work for accuracy.		work for accuracy.		work for accuracy.

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	Name:		C)ate	2:
Stu	udent Self-Assessment	Stu	udent Self-Assessment	Stu	udent Self-Assessment
	I have completed all		I have completed all		I have completed all
	of the above work.		of the above work.		of the above work.
	I have checked to		I have checked to		I have checked to
	make sure the		make sure the		make sure the
	quality of the work I		quality of the work I		quality of the work I
	have completed		have completed		have completed
	meets expectations.		meets expectations.		meets expectations.
	I have checked my		I have checked my		I have checked my
	work for accuracy.		work for accuracy.		work for accuracy.

Name: Date:

Name: [)ate:		
CENTER #1	CENTER #2	CENTER #3		
Student Self-Assessment I have completed all of the above work. I have checked to make sure the quality of the work I have completed meets expectations. I have checked my	Student Self-Assessment I have completed all of the above work. I have checked to make sure the quality of the work I have completed meets expectations. I have checked my	Student Self-Assessment I have completed all of the above work. I have checked to make sure the quality of the work I have completed meets expectations. I have checked my		
work for accuracy. CENTER #4	work for accuracy. CENTER #5	work for accuracy. CENTER #6		
Student Self-Assessment ☐ I have completed all of the above work. ☐ I have checked to make sure the quality of the work I have completed meets expectations. ☐ I have checked my work for accuracy.	Student Self-Assessment ☐ I have completed all of the above work. ☐ I have checked to make sure the quality of the work I have completed meets expectations. ☐ I have checked my work for accuracy.	Student Self-Assessment ☐ I have completed all of the above work. ☐ I have checked to make sure the quality of the work I have completed meets expectations. ☐ I have checked my work for accuracy.		

Name:	Date:			
Student Self-Assessment I have completed all of the above work. I have checked to make sure the quality of the work I have completed meets expectations. I have checked my work for accuracy.	Student Self-Assessment I have completed all of the above work. I have checked to make sure the quality of the work I have completed meets expectations. I have checked my work for accuracy.	Student Self-Assessment I have completed all of the above work. I have checked to make sure the quality of the work I have completed meets expectations. I have checked my work for accuracy.		
Student Self-Assessment I have completed all of the above work. I have checked to make sure the quality of the work I have completed meets expectations. I have checked my work for accuracy.	Student Self-Assessment ☐ I have completed all of the above work. ☐ I have checked to make sure the quality of the work I have completed meets expectations. ☐ I have checked my work for accuracy.	Student Self-Assessment ☐ I have completed all of the above work. ☐ I have checked to make sure the quality of the work I have completed meets expectations. ☐ I have checked my work for accuracy.		

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Thanks! Jennifer Findley



