

Name _____ S.S. Period _____ Date _____

Assessment Tracker
Social Studies Class ~ Quarter _____

Date Taken	Name of Assessment	Type of Assessment (O.B., C.B., project, etc.)	Score	Growth Y/N
	1)			
	2)			
	3)			
	4)			
	5)			
	6)			
	7)			
	8)			
	9)			
	10)			
	11)			
	12)			

Goal(s) for this quarter: _____

*****Week 5 self-assessment*****

- Am I passing or failing? _____
 - How's my attendance? Excellent Good Fair Poor Needs Improvement
 - How's my HW grade? Excellent Good Fair Poor Needs Improvement
 - Things I can do to achieve my goal or improve: _____
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