

Scoring Rubric

NAME _____

PROJECT _____ DATE _____ PERIOD _____

CATEGORIES	DESCRIPTION	COMMENT	POINTS EARNED
PREPARTION	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		OUT OF
PROGRESS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		OUT OF
ASSIGNMENT GOALS	<input type="checkbox"/> <input type="checkbox"/>		OUT OF
CRAFTSMANSHIP	<input type="checkbox"/> <input type="checkbox"/>		OUT OF
ORIGINALITY	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		OUT OF
AESTHETICS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		OUT OF
CRITIQUE	<input type="checkbox"/> <input type="checkbox"/>		OUT OF
SELF ASSESSMENT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		OUT OF
WORK HABITS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		OUT OF
			TOTAL