Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Block: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Self Evaluation – please circle the box**

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| --- | --- | --- | --- | --- |
| **Criteria** | **Just starting out**  **0** | **Still going through training**  **1** | **Partially Work Safe Approved**  **2** | **Work Safe Approved**  **3** |
| **On Task** | Not present or did not work on task | Rarely on task – wasted class time | Not always on task, was able to get the majority of the information | On task the entire class, working on finding the information |
| **Questions or Pamphlet completed** | Not handed in on time | Did not finish the task | Partially completed the task | Task completed in a thorough manner |

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**Peer Evaluation – please circle the box**

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