

Figure 1 Student Product Assessment Form Summary Sheet

Name(s) _____ Date _____
 District _____ School _____
 Teacher _____ Grade _____ Sex _____
 Product (Title and/or Brief Description) _____

Number of Months Student(s) worked on Product _____

<i>FACTORS</i>	<i>RATING*</i>	<i>NOT APPLICABLE</i>
1. Early Statement of Purpose	_____	_____
2. Problem Focusing	_____	_____
3. Level of Resources	_____	_____
4. Diversity of Resources	_____	_____
5. Appropriateness of Resources	_____	_____
6. Logic, Sequence, and Transition	_____	_____
7. Action Orientation	_____	_____
8. Audience	_____	_____
9. Overall Assessment	_____	_____
A. Originality of the Idea	_____	_____
B. Achieved Objectives Stated in Plan	_____	_____
C. Advanced Familiarity with Subject	_____	_____
D. Quality Beyond Age/Grade Level	_____	_____
E. Care, Attention to Detail, etc	_____	_____
F. Time, Effort, Energy	_____	_____
G. Original Contribution	_____	_____
Comments:	_____	_____
Person completing this form:	_____	_____

*Rating Scales: Factors 1-8 Factors 9A - 9G

5 - To a great extent	5 = Outstanding	2 = Below Average
3 - Somewhat	4 = Above Average	1 = Poor
1 - To a limited extent	3 = Average	