**Name: Date:**

**Teacher: Level:**

**Task Description:**

**Skills Assessed:**

Writing

Reading

Speaking

Listening

**Competencies:**

**Criteria:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **You can …** | **Do it well (Completing)** | **Do it ok (Developing)** | **Not do it (Beginning)** | **Points** |
| **Overall** |  |
|  |  |  |  |  |
| **Details** |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Successful:  | Not yet successful:  |  |
| C D B |

|  |
| --- |
| **For next time**  |
| Continue to… | Consider…  |

Criteria marked with an \* must be COMPLETING to be successful at the task