**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