# Student Checklist

Name: _____ Date: _____

Activity: _____

Legend : Y = Yes S = Sometimes N = Not very well

| | | |
|---|---|---|
| I help plan activities<br>____Y ____S ____N | I listen carefully<br>____Y ____S ____N | I follow directions<br>____Y ____S ____N |
| I share and take turns<br>____Y ____S ____N | I work well with others<br>____Y ____S ____N | I help my group<br>____Y ____S ____N |
| I put materials away<br>____Y ____S ____N | I keep my hands and feet to myself<br>____Y ____S ____N | I say nice things to others<br>____Y ____S ____N |

Number of skills passed: