

Name \_\_\_\_\_ Date \_\_\_\_\_

### Student Self-Monitoring Checklist

	Yes	No
Did I come to class prepared?	<input type="checkbox"/>	<input type="checkbox"/>
Did I listen and follow directions?	<input type="checkbox"/>	<input type="checkbox"/>
Did I pay attention during class?	<input type="checkbox"/>	<input type="checkbox"/>
Did I finish my assigned work?	<input type="checkbox"/>	<input type="checkbox"/>
Did I try my best?	<input type="checkbox"/>	<input type="checkbox"/>

Total: \_\_\_\_\_ / 5

Reflection: How do you feel today went? \_\_\_\_\_

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