Class Information Form – Assessment

Name____________________________________________

What do you like to be called? ____________________________

Where will you student teach? ____________________________

What subjects, at what grade level will you teach? ____________

Other than needing this class for certification/graduation, What do you want to get out of this class?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________

Be thinking of good and bad experiences that you have had related to assessment during your school experiences.