

Name: _____

FLEX TIME SELF-ASSESSMENT

Complete the following survey to determine if you are meeting your Flex Time goals. If you are approaching or not meeting your goals, what can you do accomplish them next week?

Think about this before filling out your process and calendar for next week!

PREPAREDNESS

Do I consistently bring all needed materials to Flex Time?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

USE OF FLEX TIME

Do I start working promptly, quietly, and diligently?

Do I consistently work until the end of the Flex Time?

Do I participate in a manner that follows Flex Time guidelines?

Do I always attend Flex Time on time?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

ATTITUDE AND BEHAVIOUR

Do I follow directions quickly and quietly?

Do I show a genuine commitment to learning?

Am I consistently courteous, respectful, and responsive?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

CLASSWORK AND ASSIGNMENTS

Do I consistently complete homework?

Do I keep homework, assignments, and notebooks consistently neat and well organized?

Do I always submit my assignments on time?

Is all my work authentic?

Do I consistently use Flex Time to catch up on missed work when necessary?

Do I consistently use Flex Time to seek additional help when necessary?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

13-14 checks in the YES column

9-12 checks in the YES column

0-8 checks in the YES column

Meeting Flex Time goals

Approaching Flex Time goals

Not meeting Flex Time goals

