Print Form

Teacher Resource: Checklist

Unit/Activity: _____ **Class:** _____

Overall Expectations

Learning Goals

Student Names	Co-Constructed Success Criteria					
	Specific Expectation:		Specific Expectation:		Specific Expectation:	
	Criteria:		Criteria:		Criteria:	
	Got it	Still working on it	Got it	Still working on it	Got it	Still working on it

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