

Formative Feedback Sheet

Name _____

Date _____

Number _____

Feedback from:

____ Teacher

____ Peer

____ Self

____ Other _____

Did the student understand the problem?

Comments

Did the student make a plan? Circle any that apply –

solve a simpler problem

make a diagram

make a table

solve part of the problem

Comments

Did the student carry out the plan and attend to precision?

Comments

Did the student critique his/her own work?

Comments