Self Monitoring Sheet

Name:_____   **Date:** _____

Using a scale from 3 to 1, rate how you did in each class.
3 = great
2 = ok
1 = oops

Target				

How would you describe your performance today?

_____

_____

_____

Was it harder to meet the targets in some classes more than others? Why or why not?

_____

_____

_____

What do you think would help you next time?

_____

_____

_____