Assessment Rubr	ic
Student Name:	

Class Period:

Assignment: Pop Can Drawing

Date Completed:

Circle the number in pencil that best shows how well you feel that you completed that criterion for the assignment.	Excellent	Good	Average	Needs Improvement	Rate Yourself	Teacher's Rating
Criteria 1 – Used color pencil on final drawing. Used correct proportions on drawing.	10	9-8	7	6 or less		
Criteria 2 – Created border from pop can box.	10	9-8	7	6 or less		
Criteria 3 – Creativity, High Level of detail. Added interest and personality to work.	10	9-8	7	6 or less		
Criteria 4 – Effort: took time to develop idea & complete project? (Didn't rush.) Good use of class time?	10	9-8	7	6 or less		
Criteria 5 – Craftsmanship – Neat, clean & complete? Skillful use of the art tools & media?	10	9-8	7	6 or less		
Total: 50 □ x 2 = 100 (possible points)	Grade:				Total:	Total:

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Teacher Comments: □