

# Coe College Department of Theatre Arts

## STUDENT ASSESSMENT SELF-EVALUATION FOR REVIEW

(Student must complete this form and turn in by the scheduled date.)

NAME: \_\_\_\_\_

CLASS: \_\_\_\_\_

CONCENTRATION: \_\_\_\_\_

GPA: \_\_\_\_\_

### PRODUCTION WORK

(List most recent first.)

SHOW

CREW OR CAST ACTIVITY

### OTHER ACTIVITIES

(Include non-departmental theatre activities; extra-curricular activities; etc.)

## **Appendix 1: Student Self-Assessment**

**Please answer the requests for self-assessment of your work below.**

**List three aspects of your work you feel good about:**

1.

2.

3.

**List three aspects of your work you would like to improve:**

1.

2.

3.

**What are your artistic, academic, and personal goals for the next 12 months?**

**FOR FACULTY USE ONLY**

Comments:

Date of Assessment: \_\_\_\_\_