



### Student Assessment Form – Cinema Studies

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Course Title, Number: \_\_\_\_\_  Fall  Spring  
 Current Status  Year 1  Year 2  Year 3  Year 4

	Poor		Average			Superior	
	1	2	3	4	5	N/A	
Time management and ability to meet deadlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Organizational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shows initiative, is self-motivated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recognizes own limitations and knows when to ask for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attitude, work ethic, and degree of commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to express critical thinking skills both verbally and in writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clarity of written expression (conceptual, organizational, grammatical)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Understanding of course material (e.g., film history, aesthetics, technology)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Mid Term  End Of Term  Portfolio Review  
 Continue in Program?  Yes  No  Arts Probation  Letter of Concern

**COMMENTS**

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 Faculty Printed Name Faculty Signature Date