



# SELF ASSESSMENT TEMPLATE



## HEALTH

Name: \_\_\_\_\_

Class: \_\_\_\_\_

Date: \_\_\_\_\_

### 1. HOW AM I GOING? Circle one.



**I NEED HELP**

I find this very difficult.



**I AM STARTING**

I find this challenging.



**I AM OKAY**

I understand some of this.



**I AM CONFIDENT**

I understand most of this.



**I EXCEL**

I understand and can teach others.



### 2. MY LEARNING GOALS

What do I want to learn or improve?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### 3. HEALTH SKILLS CHECK Tick all that apply.



I look after my mental wellbeing.



I understand my emotions and manage them.



I am active and move my body.



I make healthy food choices.



I make safe and responsible choices.



I build and maintain positive relationships.



### 4. REFLECTION

What went well?

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What was challenging?

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What have I learned?

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### 5. MY NEXT STEPS

What will I do next to improve?

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



### 6. FEEDBACK

Teacher / Peer feedback:

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What is one thing I can keep doing?

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Student signature:

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Peer signature (optional):

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Teacher signature:

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