

RVCS PSP Course Completion Evaluation and Grading Form

_____ is a student at Rincon Valley Christian School Private Satellite Program
Student's name

and enrolled in _____ course.
course name

(if applicable) The curriculum _____ was used to complete the course work.
curriculum Title

Evaluation Period:

- 1st Quarter 2nd Quarter
 3rd Quarter 4th Quarter

Please check with "X" to rate the following:

- check which rubric will be used for grading this course

	EXCELLENT			GOOD			NEEDS IMPROVEMENT			
<input type="checkbox"/> Daily/weekly work	<input type="checkbox"/> 10	<input type="checkbox"/> 9	<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	points	
<input type="checkbox"/> Quizzes	<input type="checkbox"/> 10	<input type="checkbox"/> 9	<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	Points	
<input type="checkbox"/> Tests	<input type="checkbox"/> 10	<input type="checkbox"/> 9	<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	Points	
<input type="checkbox"/> Labs/Projects	<input type="checkbox"/> 10	<input type="checkbox"/> 9	<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	Points	
<input type="checkbox"/> Participation	<input type="checkbox"/> 10	<input type="checkbox"/> 9	<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	Points	
<input type="checkbox"/>	<input type="checkbox"/> 10	<input type="checkbox"/> 9	<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	Points	
<input type="checkbox"/>	<input type="checkbox"/> 10	<input type="checkbox"/> 9	<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	Points	

GRADING: Please total points assigned for each row used. Then multiply this number by 10: _____ ÷ _____ # of rows used = _____

Use the following scale to assign a grade for the quarter: 100 – 90 = "A"; 89 – 80 = "B";
 79 – 70 = "C"; 69 – 60 = "D"; 59 – 0 "F"

Quarterly Grade Assigned: _____

COMMENTS _____

The above evaluation has a minimum of 30 hours for completion and was conducted under my supervision.

_____ Date: _____
 Evaluator/Teacher & Title (Typed signature is accepted)

This course evaluation form must be completed every QUARTER of the school year.
 Please return this form to the student or email to lhoffman@rvchristian.org.