

Student _____

Due Date _____

Date Submitted _____

LAYOUT

Create a Template/Form Assessment

Directions: Rate on a scale of 10 (high) to 1 (low) the criteria for each category.

Criteria	10-9 Points	8-7 Points	6-5 Points	4-1 Points
Layout (10) <input type="checkbox"/> Looks like original <input type="checkbox"/> Modifications made <input type="checkbox"/> Lines and/or checkboxes				
Submission (10) <input type="checkbox"/> Template/form submitted <input type="checkbox"/> Original with modifications <input type="checkbox"/> Submission 1 <input type="checkbox"/> Submission 2				
File Management (10) <input type="checkbox"/> Print screen <input type="checkbox"/> Files included				
Accuracy (10) <input type="checkbox"/> Submission 1 <input type="checkbox"/> Submission 2 <input type="checkbox"/> Works correctly with input				
Subtotal				
			Total Points =	