This rubric reflects on your performance during your hockey unit. Please be honest in your opinion about your own personal performance.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Very Good** | **Good** | **Satisfactory** | **Needs Improvement** |
| **Knowledge and understanding** | * I know ***all*** the required rules of striking games * I can explain to others ***in detail*** how the game is played | * I ***almost*** know all the required rules of striking games * I can explain to others how the game is played | * I know ***a few*** rules of striking games * I can ***roughly*** explain to others how the game is played | * I do ***not*** know any of the rules of striking games * I find it ***challenging*** to explain to others how the game is played |
| **Skills, performance** | * I ***always*** throw and catch the ball with control and accuracy * I ***always*** hit the ball with direction and power | * I ***often*** throw and catch the ball with control * I ***often*** hit the ball with direction and power | * I ***sometimes*** throw and catch the ball with control * I ***sometimes*** hit the ball with direction and power | * I find it ***challenging*** to throw and catch the ball with control * I find it ***challenging*** to hit the ball with direction and power |
| **Social skills** | * I ***always*** work well with all my team- mates * I ***always*** encourage other teammates | * I ***often*** work well with all my teammates * I ***often*** encourage other teammates | * I ***sometimes*** work well with all my teammates. * I ***sometimes*** encourage other teammates | * I find it ***challenging*** to work well with my team- mates * I find it ***challenging*** to encourage other teammates |
| **Participation** | * I ***always*** try my best * I ***always*** try to improve myself | * I ***often*** try my best * I ***often*** try to improve myself | * I ***sometimes*** try my best * I ***sometimes*** try to improve myself | * I do ***not*** try my best * I find it ***challenging*** to improve myself. |

Teacher’s feedback:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed:

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