MATHEMATICS

Curricular Goals
(Choose one or more)

☐ **MCG1** ☐ **MCG2** ☐ **MCG3** ☐ **MCG4** ☐ **MCG5**
☐ **MCG6** ☐ **MCG7** ☐ **MGC8** ☐ **MCG9** ☐ **MCG10**

Competencies
(Choose one or more)

☐ MC1.1	☐ MC1.2	☐ MC1.3	☐ MC1.4	☐ MC1.5
☐ MC1.6	☐ MC2.1	☐ MC2.2	☐ MC2.3	☐ MC2.4
☐ MC2.5	☐ MC3.1	☐ MC3.2	☐ MC3.3	☐ MC3.4
☐ MC3.5	☐ MC4.1	☐ MC4.2	☐ MC4.3	☐ MC4.4
☐ MC5.1	☐ MC5.2	☐ MC6.1	☐ MC7.1	☐ MC7.2
☐ MC8.1	☐ MC8.2	☐ MC9.1	☐ MC9.2	☐ MC10.1

ACTIVITY

Approach of the Activity: *(Please ✓ all that apply)*

☐ **Art-integrated** ☐ **Sports-integrated** ☐ **Toy-based**
☐ **Technology-integrated** ☐ **Any Other** _____

Duration of the Activity:

Material Needed:

Activity:	**Assessment Question:**

ASSESSMENT RUBRIC

	Beginner	**Proficient**	**Advanced**
Mathematical Awareness			
Mathematical Sensitivity			
Mathematical Creativity			

*Note: Circle the relevant performance level based on the individual student's performance for each ability for this activity.

STUDENT'S SELF REFLECTION

Based on your experience of the activity, please circle the response that is applicable.

I am proud of myself and my effort.				
	Yes	*To an extent*	*No*	*Not sure*
I will be able to apply what I learnt from this activity to real life situations.				
	Yes	*To an extent*	*No*	*Not sure*
I am motivated to learn further about the concepts covered in the activity.				
	Yes	To an extent	No	Not sure

My Progress Grid

Below are a few statements. Read each one of them carefully and circle the ones which are true based on your performance on the activity.

A		S		C	
I was able to learn something new.	I was attentive to every detail of the activity.	I was able to understand and express my emotions.	I was able to motivate myself & my peer when things were difficult.	I was curious to explore and learn new things during the activity.	I was able to think of 'out of the box' solutions.
I was able to understand the activity.	I was able to focus and engage with the activity.	I was able to understand the emotions of my peer.	I was able to seek and use support from my peers and teacher.	I was able to think of new ways to do the activity.	I was able to express my creativity while doing the activity.
I was able to follow the instructions.	I was able to find purpose and meaning in the activity.	I was able to contribute individually or as a group member.	I was able to help others in some way.	I was able to generate innovative ideas.	I was able to take calculated risks.
(For Teacher's Use Only)					
No. of statements circled for A : ____		**No. of statements circled for S : ____**		**No. of statements circled for C : ____**	

My Learnings

By doing this activity, I learnt

_____

_____.

(Use this space to write your reflections/insights from the activity)

The most interesting thing about this activity was _____.

I need practice on _____. I need help with _____.

PEER FEEDBACK

My name is _____. My peer's name is _____.

Based on your experience of the activity, please circle the response that is applicable.

My peer was engaged and motivated during the activity.	 Yes	 Sometimes	 No	 Not sure
My peer's effectively shared thoughts and ideas during the activity.	 Yes	 Sometimes	 No	 Not sure

My Peer's Progress Grid

Based on your peer's engagement with the activity, circle the statements you think are true for your peer.

A		S		C	
My peer learnt something new.	My peer was attentive to every detail of the activity.	My peer can express his/her emotions well.	My peer was motivated throughout the activity.	My peer was curious to learn new things.	My peer was able to think of 'out of the box' solutions.
My peer understood the activity.	My peer was able to focus on the activity.	My peer can understand my emotions well.	My peer was able to ask help/support from me or the teacher.	My peer was able to think of new ways to do the activity.	My peer was able to express her/his creativity during the activity.
My peer followed the instructions.	My peer found this activity meaningful.	My peer contributed to the success of the activity.	My peer was able to help others in some way.	My peer was able to generate innovative ideas.	My peer was able to take calculated risks.
(For Teacher's Use Only)					
No. of statements circled for A : ____		**No. of statements circled for S : ____**		**No. of statements circled for C : ____**	

My peer needs to practice_____. My peer needs help with_____.

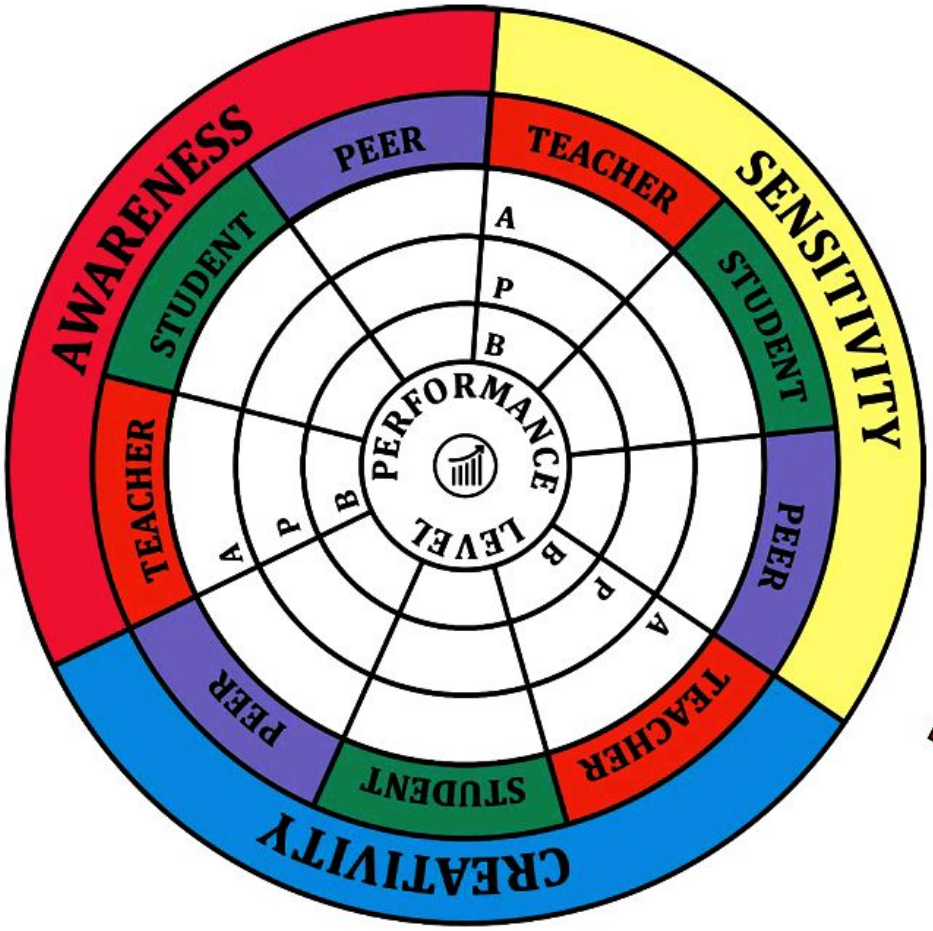
How to develop a Holistic Progress Summary? (for teacher's use only)

Before filling out the Teacher's Feedback Form, kindly calculate the score for the 3 abilities being assessed by the Student's Self Reflection sheet and the Peer Feedback sheet. For each ability i.e. A (Awareness), S (Sensitivity) and C (Creativity), six sub-factors are being assessed (refer appendix). Calculate the number of statements being circled by the student in the self-reflection sheet and by the peer in the peer feedback form. Use the scoring key provided here to assess the student's level of performance on each ability. Indicate the level of performance as reflected on the student and peer assessment sheet in the Student Progress Wheel on the teacher's feedback form.

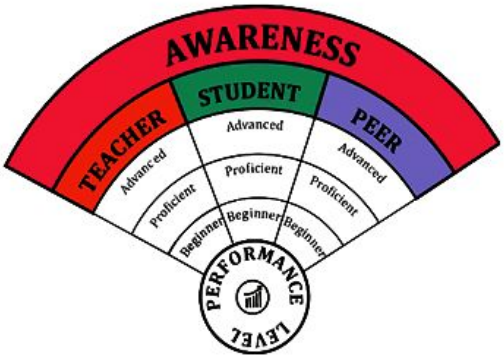
Scoring Key:
Beginner – 0,1, 2
Proficient – 3, 4
Advanced – 5, 6

TEACHER'S FEEDBACK

STUDENT PROGRESS WHEEL



KEY



How to use the Assessment Wheel?
Shade the segment of the circle that best represents the student's performance on each ability as indicated on the progress grids marked by the student and the peer as well as the teacher's assessment of the student's performance on the activity. The levels of abilities grow in strength outwards from the center of the wheel.

Areas of Strength (✓ all that apply)

- ☐ Follow Instructions
- ☐ Collaboration
- ☐ Independent Work
- ☐ Responsible
- ☐ Communication
- ☐ Creative
- ☐ Solution-focused Thinking
- ☐ Empathy
- ☐ Concentration
- ☐ Organization & Prioritization
- ☐ Any other _____

Barrier(s) to Success (✓ all that apply)

- ☐ Lack of Attention
- ☐ Peer Pressure
- ☐ Lack of Motivation
- ☐ Undefined Goals
- ☐ Lack of Preparation
- ☐ Domestic Issues
- ☐ Inappropriate behaviour in classroom
- ☐ Severe illness of injury
- ☐ None
- ☐ Any other _____

Can I help the student progress further?

☐ Yes ☐ No ☐ Not sure

If yes, future step(s):

_____

_____

_____

Teacher's Observations and Recommendations