



Student Self Evaluation 1

Name _____

Date _____

Q1) Are you making the most of your time in class?

Q2) How would you rate your homework?

Q3) Do you have a schedule for structured evening/weekend study?



Q4) Is there a healthy balance in your life?

Q5) Do you have a strong sense of where you will be after the leaving cert?

Q6) Do you involve your parents in your education?
