



T.E.A.M. Leadership Activity/ Event / Project Reflection & Self-Evaluation Form

Student Name (First & Last):

Project # (Circle One): 1 2 3

Name of Event/Project Title:

No. of Hours (Approx):

*The following questions should be addressed at the end of each project. These are guiding questions. Candidates can either answer on this form or write a reflective, continuous text incorporating responses to these questions. Type the information or write legibly using **black** ink. 3 photos, advertisements or a scrapbooking page can be included in this reflection.*

1. Summarize what you did in this activity / project and how you interacted with others.
2. Explain what you hoped to accomplish through this activity / project.
3. How successful were you in achieving your goals? What difficulties did you encounter and how did you overcome them?
4. What did you learn about yourself and others through this activity /project? What abilities, attitudes and values have you developed?
5. Did anyone help you to think about your learning during this activity / project? If so, who helped and how did they help?
6. How did this activity / project benefit others?
7. What might you do differently next time to improve (either your participation or the project itself)?
8. How can you apply what you have learned in other life situations?
9. Additional Comments?

STUDENT SIGNATURE _____

DATE: _____

***This form can be electronically submitted to Shelley.Kofluk@epsb.ca as a Word or PDF file.**

Attach 3 items: ADVERTISEMENTS, INFORMATION SHEETS, EMAILS SENT TO GROUP MEMBERS, PHOTOS, ETC.

Project Leader Evaluation

Student Name (First & Last): _____

Project # (Circle One): 1 2 3

Name of Event/Project Title: _____

No. of Hours (Approx): _____

To be complete by the activity / project leader (or attach independent evaluation or letter). If it is a school project, Mrs. Kofluk will evaluate independently. If another staff member is a direct supervisor, please ask them for their feedback and hand-in the signed copy of this form.

Punctuality and attendance: _____

Effort and commitment: _____

Further Comments: _____

The activity / project was (circle the desired response):

Satisfactorily Completed

Not Satisfactorily Completed

Activity / Project Leader's name: _____

Activity / Project Leader's Signature: _____ Date: _____

