

Name _____

Date _____

 **Formative Assessment: Peer Explanations Checklist** 

Teacher: _____

Lesson/Topic: _____

Date: _____

Rating Scale:

- (1) needs additional support in achieving expectations
- (2) meets expectations
- (3) exceeds expectations

Student Name	Scaffolds Student Uses (e.g., vocabulary cards, language frames, graphic organizer, etc.)	Expresses Ideas Clearly (Use rating scale)	Uses Transition Words or Vocabulary Terms (Use rating scale)	Builds on Partner's Ideas (Use rating scale)	Noteworthy Student Comments