Name _____   Date _____

☆ ☆ ☆ ☆ ☆ **Formative Assessment: Peer Persuasion 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.)	States Points Clearly (Use rating scale)	Uses Transition Words or Vocabulary Terms (Use rating scale)	Cites Evidence (e.g., examples, text support, etc.) (Use rating scale)	Noteworthy Student Comments