

Name _____ ASL level _____ Class period _____ Quarter ☐ 1 ☐ 2 ☐ 3 ☐ 4

Watch your own video, then check **Yes** for what you did well and **Work on it** for what to practice. Leave a row blank if it did not come up. Reading across a row shows how you are changing over the quarter.

Element Name of video →	Video 1		Video 2		Video 3		Video 4	
	Yes	Work on it	Yes	Work on it	Yes	Work on it	Yes	Work on it
Handshape and placement								
Correct handshapes	☐	☐	☐	☐	☐	☐	☐	☐
Correct sign location	☐	☐	☐	☐	☐	☐	☐	☐
Correct palm orientation	☐	☐	☐	☐	☐	☐	☐	☐
Correct sign space	☐	☐	☐	☐	☐	☐	☐	☐
Non-manual markers								
Facial expressions	☐	☐	☐	☐	☐	☐	☐	☐
Eyebrows (yes/no and wh-questions)	☐	☐	☐	☐	☐	☐	☐	☐
Head nod	☐	☐	☐	☐	☐	☐	☐	☐
Appropriate mouthing	☐	☐	☐	☐	☐	☐	☐	☐
Space and referencing								
Referencing	☐	☐	☐	☐	☐	☐	☐	☐
Indexing	☐	☐	☐	☐	☐	☐	☐	☐
Language use								
Fingerspelling	☐	☐	☐	☐	☐	☐	☐	☐
Correct ASL grammar usage	☐	☐	☐	☐	☐	☐	☐	☐
Focus for next time One thing to practice	_____	_____	_____	_____	_____	_____	_____	_____

Looking back across the quarter — what improved, and what is still hard

