

NAME: _____ **PERIOD:** _____

SKETCHBOOK DUE: _____

YES SW NO
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>You labeled</i> each sketch with the number, at the top right of each page.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>You spent</i> time on my sketches, at least 20 min per sketch.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> All of your sketches are a full-page and include all details of the assignment.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>You did not</i> use Marker, unless it is sharpie to outline something.
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <i>You displayed knowledge</i> of what I have learned in class. I showed texture, value, detail, craftsmanship and the elements/principles of design in my drawings.

<u>RUBRIC (HALFWAY MARK)</u>	<u>FINAL RUBRIC (DOUBLE WEIGHTED)</u>
Completion: 15 sketches ____/ 30 (____ DONE)	Completion: 30 sketches ____/ 60
Displayed Knowledge ____/15	Displayed Knowledge ____/ 30
Craftsmanship ____/ 10	Craftsmanship ____/ 20
Effort & Creativity ____/10	Effort & Creativity ____/20
Late ____pts	Late ____pts
Ex. Credit Cover ____pts	Ex. Credit Cover ____pts
____/65 Points Total	____/130 Points
Total	Total

TEACHER COMMENTS: