

APPENDIX 2

PBL PLAN SELF-ASSESSMENT CHECK-LIST

PLAN ITEM	Completed/ Not Completed <i>(Please ✓ in box if completed)</i>	COMMENTS
1. Project title	<input type="checkbox"/>	
2. Duration of project	<input type="checkbox"/>	
3. Student names	<input type="checkbox"/>	
4. Project facilitator	<input type="checkbox"/>	
5. Subject area focus	<input type="checkbox"/>	
6. Driving question	<input type="checkbox"/>	
7. Project product	<input type="checkbox"/>	
8. Project summary	<input type="checkbox"/>	
9. 21 st Century skills	<input type="checkbox"/>	
10. Team roles	<input type="checkbox"/>	
11. Resources needed	<input type="checkbox"/>	
12. Public audience	<input type="checkbox"/>	

Overall comments	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
-------------------------	---

Signed: 1. 2.

3. 4.

5. 6.

Date: