



Scholarly Concentrations Program
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**SCHOLARLY CONCENTRATIONS PROGRAM ELECTIVE
 SELF-ASSESSMENT FORM AND EVALUATION**

Part I (To be completed by the student)

Name _____ Student ID Number **U** _____

Phone _____ Email _____ Period _____ Concentration _____

List learning objectives and work products (from the SCP ELECTIVE application form)

	Objectives	Work Products
1		
2		
3		

Please evaluate the extent to which the above objectives were achieved.

1.	
2.	
3.	
4.	
5.	

What challenges or obstacles did you experience during this SCP ELECTIVE?

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Given the opportunity, what would you have changed about this SCP ELECTIVE?

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How well did this SCP ELECTIVE meet your expectations?

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Overall, what contributed most significantly to your learning in this SCP ELECTIVE? What was the most important feature to retain?

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Do you have any additional comments about this SCP ELECTIVE?

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Student signature	Date
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