



Mark if this practice is to be considered as a:

- Building Practice Goal
 Classroom Practice Goal

Practice #7 Evaluation

Name _____ Date _____

Practice #7: Memory work, recitations, and/or writing occur daily. These enhance character development and effective communication skills while extending curricula.

Mark the implementation level of this practice on the scale of 1-5.
(1 lowest - 5 highest)

Mark an X for in your classroom Mark a ✓ for in the building

1) Teaches and/or models speaking with expression, clear articulation, proper tone, and confidence.

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2) Helps learners make connections from quotes/literature to personal lives.

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3) Engages in a variety of writing experiences.

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4) Memorizes and uses quotes with learners.

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5) Memorizes and/or recites pledges, creed/s, poetry, quotes

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |