

Evaluation Sheet

Student Name:	
Student Surname:	
Activity Title:	
Date and Place:	
Responsible Teacher:	

A = Poor, B = Moderate, C = Good, D = Excellent

1. Understanding of the educational problem

A ☐ B ☐ C ☐ D ☐

2. Participation in the activities

A ☐ B ☐ C ☐ D ☐

3. Cooperation with the group

A ☐ B ☐ C ☐ D ☐

4. Effort during the activities

A ☐ B ☐ C ☐ D ☐

5. Understanding what is stop motion animation is

A ☐ B ☐ C ☐ D ☐

6. Ability to use app for making stop motion animation

A ☐ **B** ☐ **C** ☐ **D** ☐

7. Ability to create digital content

A ☐ **B** ☐ **C** ☐ **D** ☐

Comment on the student's general presence in the classroom: