

Name: _____ Period: _____ Date: _____

Beginning Drawing: Still Life

This sheet must be self-evaluated with a slash / in the appropriate box indicating how well you think you've done

Evaluation Criteria	Outstanding	Well done – looks good	Gets the basics	Confused about the basics	Incomplete of missing
No sketch: The original sketch is no longer visible					
Subject Matter: Believable, and accurately drawn subjects. Demonstrated understanding of one and 2 point perspective.					
Obvious light source: Attention has been paid to a consistent sense of light and shadow					
Contrast at shape (line) edges has enhanced the form and mass of the objects.					
Gradation of values across the form edges to create a play of light across a surface.					
Overall Quality: <ul style="list-style-type: none"> <input type="checkbox"/> Flat, no torn or wrinkled edges <input type="checkbox"/> Smudge Free <input type="checkbox"/> Signature in lower right corner <input type="checkbox"/> ID on back: name, date, period 					

Clip this completed evaluation to your work and place it in the turn in drawer.

_____ Deductions for incomplete form
 _____/60 Project Points