

Name: _____ Period: _____ Date: _____

Beginning Painting: Contrast Structure Painting

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 or missing
Contrast Structures – check those that apply <input type="checkbox"/> Gravity <input type="checkbox"/> Space <input type="checkbox"/> Position <input type="checkbox"/> Direction					
Background - texture					
Background - value changes					
Background - analogous color scheme					
Background - distinct and contrasting shape edges surrounding unit forms					
Foreground - contrast at overlapping shape edges to create the illusion of space					
Foreground - analogous color on unit forms					
Foreground - changes of value on unit forms					
Overall Quality: <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					

_____/90 Possible Points