PSA Evaluation Sheet

Fill in the top box of each column with questions that your class generated to evaluate PSA examples.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of PSA**: |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |