IVROP Common Rubric Collection Form - Application

| Please complete the blue shaded cells | | | | | |
|---|--|-----------|-----------|-----------|----------------|
| Course | Number of Students (by Course) Scoring at Each | | | | |
| | Level of Rubric Rating | | | | |
| Rubric Rating | Rating 4 | Rating 3 | Rating 2 | Rating 1 | Rating 0 |
| Add Raw Score Range | 36-33 = A | 32-29 = B | 28-25 = C | 24-21 = D | 20-0 = F |
| Add Name of Course 1 | | | | | |
| Add Name of Course 2 | | | | | |
| Add Name of Course 3 | | | | | |
| Add Name of Course 4 | | | | | |
| TOTAL | | | | | |
| Please indicate which area was the most difficult for students. Please provide details where appropriate. The 9 rubric components are: Name, Address, Phone Number, School Name, School Address, Work History, References, Questions/Skills, or Overall Appearance | | | | | |
| | | | | | |
| | | | | | |
| Please include any other comments you wish to add regarding the rubric results: | | | | | |
| | | | | | |
| | | | | | |
| Instructor Name | | | Date | | Rev: 11/4/2014 |