

HCHS Cause/Effect Essay Rubric

| HCHS Cause/Effect Essay Rubric | | | | | | | |
|--|--------------------------|--|----------|----------------|----------|-------------|----------------------------|
| Teacher: _____ | | Course: _____ | | Student: _____ | | Date: _____ | |
| CONTENT | <input type="checkbox"/> | | 0 | 1 | 2 | 3 | 4 |
| | <input type="checkbox"/> | | 0 | 1 | 2 | 3 | 4 |
| | <input type="checkbox"/> | | 0 | 1 | 2 | 3 | 4 |
| | | | | | | | |
| ORGANIZATION & IDEA DEVELOPMENT | <input type="checkbox"/> | Thesis is clear; thesis is an arguable opinion | 0 | 1 | 2 | 3 | |
| | <input type="checkbox"/> | Claims in body paragraphs strongly support thesis | 0 | 1 | 2 | 3 | |
| | <input type="checkbox"/> | Evidence (details, reasons, examples, anecdotes) contain appropriate content; irrelevant support is excluded; Commentary strongly connects evidence to claims and thesis | 0 | 1 | 2 | 3 | |
| | <input type="checkbox"/> | Causes are well-developed followed by well-developed effects; significance of the relationship between the two is explained thoroughly | 0 | 1 | 2 | 3 | |
| | <input type="checkbox"/> | Transitions are used to create smooth flow of ideas | 0 | 1 | 2 | 3 | |
| | | | | | | | total ____ X 2 = ____ /30 |
| GRAMMAR, USAGE, & MECHANICS | <input type="checkbox"/> | No run-on sentences; no sentence fragments | 0 | 1 | 2 | | |
| | <input type="checkbox"/> | No use of 1st or 2nd person pronouns (I, me, my, we, our, us, you, your, yours, you all etc.) | 0 | 1 | 2 | | |
| | <input type="checkbox"/> | Correct use of there, their, and they're | 0 | 1 | 2 | | |
| | <input type="checkbox"/> | Correct use of its, it's | 0 | 1 | 2 | | |
| | <input type="checkbox"/> | Correct use of weather, whether | 0 | 1 | 2 | | |
| | <input type="checkbox"/> | Correct use of were, where | 0 | 1 | 2 | | |
| | <input type="checkbox"/> | Correct use of to, too, two | 0 | 1 | 2 | | |
| | <input type="checkbox"/> | Punctuation is correct | 0 | 1 | 2 | | |
| | <input type="checkbox"/> | Capitalization is correct | 0 | 1 | 2 | | |
| | <input type="checkbox"/> | Spelling is error free | 0 | 1 | 2 | | |
| | | | | | | | total ____ X .25 = ____ /5 |
| FORMATTING | <input type="checkbox"/> | Name, teacher/course, date in top left-hand corner | 0 | 1 | 2 | | |
| | <input type="checkbox"/> | Title centered on first page | 0 | 1 | 2 | | |
| | <input type="checkbox"/> | 1 inch margins | 0 | 1 | 2 | | |
| | <input type="checkbox"/> | Double spaced | 0 | 1 | 2 | | |
| | <input type="checkbox"/> | Times New Roman font | 0 | 1 | 2 | | |
| | | | | | | | total ____ X .5 = ____ /5 |
| TOTAL: _____ | | | A | B | C | D | F |