



# Parent Reflection

## (Option 2)

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Semester: \_\_\_\_\_ Grade: \_\_\_\_\_ Ed. Coordinator: \_\_\_\_\_

Core Subject: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

**1. What did you do?**

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**2. How did you feel?**

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**3. What did you learn?**

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**4. What resources did you use for this lesson/activity? (i.e. which text book, other resource books, kits, videos, library, community resource, field trip, etc.)**

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