



Student Reflection

(Option 2)

Student's Name: _____ Date: _____

Semester: _____ Grade: _____ Ed. Coordinator: _____

Core Subject: _____ Parent's Name: _____

1. What did you do?

2. How did you feel?

3. What did you learn?

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.)
