Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 1. What is your goal for today? |
| 1. What challenges/obstacles did you encounter? |
| 1. What attempts did you make to overcome the obstacles? |
| 1. What are your goals for the next class? |