Reflection Sheet

Name: _____________________________________________________________


Course/Class: ________________________________________________________

School: _____________________________________________________________

Teacher: ___________________________ Grade level: __________

Students: Please complete this reflection sheet. We are interested in what you have to say about the following:

1. **What did you enjoy most about the experience you had today?**

2. **What did you least enjoy about your experience today?**

3. **Did the experience today teach you something new about yourself? If so, what?**

4. **If you are doing this again, is there something you expect to be different about yourself or the experience?**

Please return completed sheet to the CCE office along with your evaluation form.
Benedict Hall, Room 103; (915) 747-7969; cce@utep.edu; http://academics.utep.edu/cce