Name:	_		
Teacher:	Grade:	Date:	
Overall Experience			
School:			
Dates:			
Teacher's Name:			
Rate your experience from 1 to 5.	1 being Low a	and 5 being High.	
1			
2			
3			
4			
5			

\*On the next page write an overall summary of your experience AND what you

learned.

Му	OVERALL	EXPERIENCE a	nd WHAT	I LEARNED:
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