

C and S Reflection Sheet (complete a minimum of 10 reflections throughout the development, implementation and completion stages of your project)

NAME: _____

Time Period/Date(s): _____

Connection to Learning Outcomes: _____

Project Title _____

Reflection (consider any or all of the following: how did you feel, what did you perceive, what did you think, what obstacles did you face, what support did you receive/need, how did you overcome difficulties, what did the project mean to you, what was the value of the project, what did you learn from the project, etc)