

## END OF SCHOOL-YEAR REFLECTION

BY \_\_\_\_\_  
Write your name, surname

|                                                                          |       |           |       |
|--------------------------------------------------------------------------|-------|-----------|-------|
| <b>I have done all the activities proposed:</b>                          |       |           |       |
| ALWAYS                                                                   | OFTEN | SOMETIMES | NEVER |
| <b>I have taken part in online class activities:</b>                     |       |           |       |
| ALWAYS                                                                   | OFTEN | SOMETIMES | NEVER |
| <b>I have collaborated with my team, group, pair etc.:</b>               |       |           |       |
| ALWAYS                                                                   | OFTEN | SOMETIMES | NEVER |
| <b>I have shown interest in improving performance:</b>                   |       |           |       |
| ALWAYS                                                                   | OFTEN | SOMETIMES | NEVER |
| <b>I have shown a positive attitude towards the activities proposed:</b> |       |           |       |
| ALWAYS                                                                   | OFTEN | SOMETIMES | NEVER |

|                                      |                               |
|--------------------------------------|-------------------------------|
| One activity I liked the most 😊      | One activity I didn't like ☹️ |
|                                      |                               |
| Something I need to work on more     |                               |
|                                      |                               |
| Next school-year I would love to.... |                               |
|                                      |                               |

**TOOLS TO SELF-LEARNING;** Tick which ones you have been using

|                          |                                               |                          |                                                            |
|--------------------------|-----------------------------------------------|--------------------------|------------------------------------------------------------|
| <input type="checkbox"/> | do homework                                   | <input type="checkbox"/> | use your diary/ time management skills                     |
| <input type="checkbox"/> | take notes                                    | <input type="checkbox"/> | use maps, summaries, lists                                 |
| <input type="checkbox"/> | revise contents (research the topic yourself) | <input type="checkbox"/> | look for further information (research the topic yourself) |
| <input type="checkbox"/> | keep your notebook organised                  | <input type="checkbox"/> | ask the teacher                                            |