

# END-OF-UNIT *reflection*

**The thing you liked the most:**

**Something you didn't like:**

**The easiest part:**

**The most difficult part:**

**From 1 to 10, how ready do you feel to take a test?**

**1 2 3 4 5 6 7 8 9 10**

**What have you done to learn during this unit?**

- |                                                       |                                                      |
|-------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Review my notes              | <input type="checkbox"/> Study on my own             |
| <input type="checkbox"/> Ask questions to the teacher | <input type="checkbox"/> Study with a friend         |
| <input type="checkbox"/> Do the homework              | <input type="checkbox"/> Look for information online |

**Is there anything you need to keep practicing?**

**Next unit, you'd like to...**