

Name: \_\_\_\_\_

Date: \_\_\_\_\_

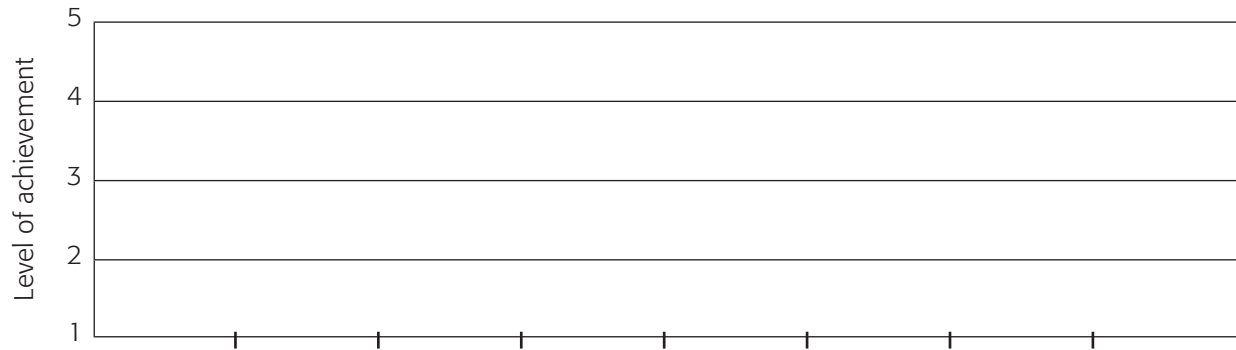
Learning goal/target: \_\_\_\_\_

# GOT IT!

INITIAL ASSESSMENT: Check off your starting level of achievement on the scale below.

- Level 5: \_\_\_\_\_
- Level 4: \_\_\_\_\_
- Level 3: \_\_\_\_\_
- Level 2: \_\_\_\_\_
- Level 1: \_\_\_\_\_

TRACKING MY PROGRESS:



Progress checkpoints:

REFLECTION QUESTIONS:

What helped me improve (people, resources, strategies, attitudes)?

How do I feel about my accomplishments?

Did I learn anything from this experience that might help me in the future?

