

Student Self-Reflection

Please answer the questions in complete sentences.

1. Are you happy with the grade you received? Why or why not?

2. Did you study for this test? _____

3. How did you study for your test? _____

4. How often did you study for this test? _____

5. What would you do the same or differently for future tests? _____

Please have a parent and yourself sign and return this form. (This returns to next school day.)

Parent Signature

Date

Student Signature

Date