

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 return is next school day.

Parent Signature

Date

Student Signature

Date