

*Student Self-Reflection*

Please answer the questions in complete sentences.

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

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2. Did you study for this test? \_\_\_\_\_

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3. How did you study for your test? \_\_\_\_\_

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4. How often did you study for this test? \_\_\_\_\_

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

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

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Parent Signature

Date

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Student Signature

Date