

EVALUATING CLASSROOM EXPERIENCE

Name: _____

- Have you enjoyed working with this project? Why/Why not?

- Do you believe you have learned through the missions and challenges? Think carefully about your answer.

- How have you felt? (with yourself, with your peers, with your teachers)

- Would you like to work like this in the classroom again? Why/Why not?

- What have you enjoyed most about the project? Why?

- What have you enjoyed least about the project? Why?

