



# REFLECTION JOURNAL

Day #: \_\_\_\_\_

Challenge: \_\_\_\_\_

How well did you complete this challenge? (circle a number)

*Didn't Start*   0   1   2   3   4   5   6   7   8   9   10   *Excellent*

What was hard about this challenge? \_\_\_\_\_

What was easy about this challenge? \_\_\_\_\_

What did you notice? \_\_\_\_\_

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