Student Perception Questionnaire

ATTITUDE/Efficacy

How do I feel about this learning activity?_____

What issues am I dealing with that may be distracting my attention?_____

What can I do to adjust my attitude toward this learning activity?_____

What do I need in order to make this a more successful experience?_____

SKILL/Regulation

Do I	l com	oletel	y unders	stan	d the tas	ks i	nν	olv	ed	in	this activity?_	
_			-									

Do I have the skills required to complete the tasks?_____

Do I have all the resources I need?_____

Do I have the time to complete the tasks?_____

Do I have the support to complete the tasks?_____

CONFIDENCE/Self-Esteem

Who can I ask for help if I need it?_____

Who can I ask for support if I need it?_____

What skills do I possess that will help me do well on these tasks?______

What will I do to celebrate my accomplishment?_____

REFLECTION/Metacognition

This was my best work because:_____

I could have worked harder on:_____

Next time I will:_____

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