

Delaware

Name \_\_\_\_\_ Chapter \_\_\_\_\_



Department  
of Education

Your work will be reviewed from completeness, accuracy, and depth of understanding. Please see that it is turned in to the designated lead mentor. Even if you miss a meeting, this form must be completed. YOU WILL NEED A FORM FOR EACH CHAPTER.

**The Big Ideas of this chapter are:**

**These ideas will impact student learning/my practice by:**

**Three things that I learned in this chapter:**

- 1.
- 2.
- 3.

**Two things that I tried in my classroom from this chapter:**

- 1.
- 2.

**One question that I have for the group is:**