SELF'S

(Schoolwide Expected Learner Focus)

Check each box that applies to your learning experience in this course only.

Name_____ **Date**_____

Course_____

I am an ***Active Learner*** ☐

I ***Cooperate With My Peers*** ☐

I ***Follow Directions*** ☐

I ***Persevere*** ☐

I exhibit ***Problem Solving/Thinking Skills*** ☐

I exhibit ***Study/Research Skills*** ☐

I use ***Time Management*** ☐

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