

Name	Date
Email	Facility
Session Title	
Presenter	

REFLECTION ACTIVITY

To complete your reflection activity choose one of the following suggestions, answer the questions below about the session you watched, or design your own activity. **Report the activity you completed to your facilitator**, and be prepared to share what you learned and how it will impact your practice.

Choose one of the following:

Write in a reflective journal

Discuss session content with colleagues

Share about the session at a team/staff meeting

Schedule a virtual discussion with your regional facilitator

Share what you learned on your regional Facebook page

Answer the following questions:

What are three important ideas you want to remember?








What is something you are wondering about?

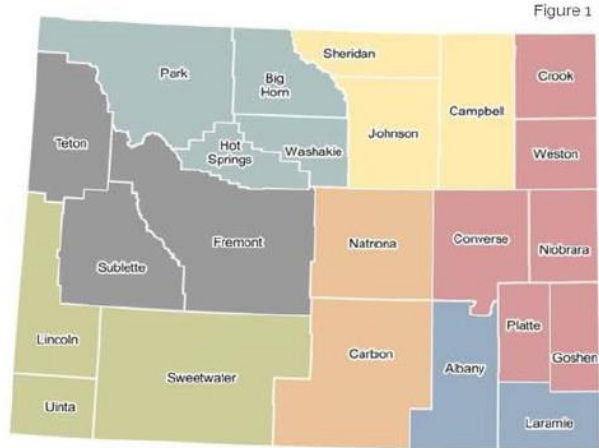
What will you put into practice after watching this session?

Design your own reflection activity, describe it below, and be prepared to share with your facilitator.

Please email this completed form to your regional facilitator. See next page for your facilitator's contact information
*STARS Credit will not be awarded without facilitator approval.

Wyoming Early Childhood Professional Learning Collaborative Regional Facilitator Contact Information

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	Northwest
	North Central
	East
	West Central
	South Central
	Southwest
	Southeast



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