

Date: \_\_\_\_\_ Name: \_\_\_\_\_

### Fast Feedback

|   |                        |            |                     |
|---|------------------------|------------|---------------------|
| Instructions: Circle the number that best represents your thoughts on today's lesson or activity. |                        |            |                     |
| <b>I understood today's lesson or concept.</b>  |                        |            |                     |
| 1<br>Disagree   | 2<br>Somewhat Disagree | 3<br>Agree | 4<br>Strongly Agree |
| <b>I could take what I learned today and use it in real life</b>                                  |                        |            |                     |
| 1<br>Disagree   | 2<br>Somewhat Disagree | 3<br>Agree | 4<br>Strongly Agree |
| <b>Things about today's lesson that I didn't quite understand:</b>                                |                        |            |                     |
| <b>The pace of today's lesson was (circle one)</b>  |                        |            |                     |
| Too slow  | Just Right             | Too Fast   |                     |
| <b>I'd like some additional help, please. Signed:</b>   |                        |            |                     |

|   |  |
|---|--|
| <b>+</b><br><b>PLUS</b><br>Things done well | <b>△</b><br><b>DELTA</b><br>Things to change |
|---|--|

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