

PERSONALIZED LEARNING DAYS



K-5 Attendance Form:

Due Wednesday, 2/5/2025

| Student First Name: | School: | Grade: |
|---|-------------------|--------|
| Student Last Name: | Homeroom Teacher: | |
| 1. Please CIRCLE all experiences you participated in on the <u>BACK</u> of this paper. | | |
| 2. Reflection: Describe or draw a picture about your experience(s). What did you learn? What did you dislike? | | |

Parent/Guardian signature:

Parent/Guardian feedback (optional):

