

Name of student:

Class & Section:

Date:

Topic covered:

1) Key Learning (Concept & Tools).

2) Experiential Learning:

(What did I do or practice today)

3) Real world connection.

Where can I use this learning in real life?

4) Participative Parent Time Experience.

(Did I discuss or do any activity with my parent today? What was it?)

5) My Reflection of Questions.

6) DTHL Coordinator Signature: _____

Parent Signature (optional): _____