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

**(Title of Lesson/Text/Media)**

Mark whether or not you agree or disagree with each statement on the *left* side of the page. At the end of the lesson, go back and decide whether you still agree or disagree on the **right** side of the page.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Agree* | *Disagree* | Statement | **Agree** | **Disagree** |
|  |  | 1. |  |  |
|  |  | 2.  |  |  |
|  |  | 3. |  |  |
|  |  | 4. |  |  |
|  |  | 5. |  |  |
|  |  | 6. |  |  |