

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

Exploring My Topic: \_\_\_\_\_

## Questions from my Peers

Record questions asked during class discussion to help reflect on your topic.

Date of Question: \_\_\_\_\_

Question Asked:

---

---

---

Date of Question: \_\_\_\_\_

Question Asked:

---

---

---

Date of Question: \_\_\_\_\_

Question Asked:

---

---

---