Learning Activities Response Sheet

Choose at least 5 activites and provide responses on the form below.

* Required

1.	Email address *					
2.	Name *					
3.	Day of Learning _	*				
	Mark only one ova	ıl.				
	Day 7					
	Day 8					
	Day 9					
	Day 10					
	Day 6					
4.	Activity 1 Type an Check TYPE and SUBJ per activity.	d Subject * ECT for activity chosen. TYP	E=Offline, Online o	r Active/Inte	ractive. ONLY ONE c	hecked box
	Check all that apply.					
		English Language Arts	Mathematics	Science	Social Studies	
	Offline					
	Online					
	Active/Interactive					

How much time did you spend on Activity 1? *							
Mark only one oval.							
	1 2						
15 - 29 minutes 30+ minutes							
Activity 2 Type and	d Subject *						
	d Subject * ECT for activity chosen. TYP	E=Offline, Online c	or Active/Inte	eractive. ONLY ONE che	cke		
Check TYPE and SUBJE	•	E=Offline, Online c	or Active/Inte	eractive. ONLY ONE che	cke		
Check TYPE and SUBJE per activity.	•	E=Offline, Online o	or Active/Inte	eractive. ONLY ONE che Social Studies	cke		
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Check TYPE and SUBJE per activity. Check all that apply.	ECT for activity chosen. TYP				cke		

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Н	How much time did you spend on Activity 2? *								
N	Mark only one oval.								
	1	1 2							
_	15 - 29 minutes 30+ minutes								
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	Activity 3 Type and Subject * Check TYPE and SUBJECT for activity chosen. TYPE=Offline, Online or Active/Interactive. ONLY ONE checked box per activity.								
	Check all that apply.								
		English Language Arts	Mathematics	Science	Social Studies				
	Offline								
	Offline Online								

How much time of	did you spend on Activ	vity 3? *					
Mark only one oval.							
	1 2						
15 - 29 minutes (30+ minute	:S 					
Activity 4 Type and Subject *							
Activity 4 Type ar	Activity 4 Type and Subject * Check TYPE and SUBJECT for activity chosen. TYPE=Offline, Online or Active/Interactive. ONLY ONE chec box per activity.						
	-	PE=Offline, Online o	or Active/Inte	eractive. ONLY ONE chec			
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Check TYPE and SUBJ box per activity.	ECT for activity chosen. TYF						
Check TYPE and SUBJ box per activity. Check all that apply.	ECT for activity chosen. TYF	Mathematics	Science				

How much time of	did you sp	end on Activ	rity 4? *					
Mark only one oval.								
	1 2							
15 - 29 minutes 30+ minutes								
		Activity 5 Type and Subject *						
Activity 5 Type ar	nd Subjec	t *						
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Check TYPE and SUBJ box per activity.	JECT for acti		E=Offline, Online of Mathematics	Science	Social Studies			
Check TYPE and SUBJ box per activity. Check all that apply.	JECT for acti	vity chosen. TYP						

How much time of	did you s	pend on Activ	rity 5? *		
Mark only one oval.					
	1 2	<u>)</u>			
15 - 29 minutes (30+ minute	_		
15 - 29 minutes		30+ minute	S —		
Activity 6 Type ar	nd Subie	ct (if chosen)	*		
	-			or Active/Inte	eractive. ONLY ONE chec
Check TYPE and SUBJ box per activity.	JECT for ac			or Active/Inte	eractive. ONLY ONE chec
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Check TYPE and SUBJ box per activity.	JECT for ac	tivity chosen. TYP			
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Check TYPE and SUBJ box per activity. Check all that apply.	JECT for ac	ctivity chosen. TYP	PE=Offline, Online of Mathematics	Science	Social Studies

How much time o	did you spend on Activ	ity 6?					
Mark only one oval.							
	1 2						
15 - 29 minutes 30+ minutes							
Activity 7 Type ar	nd Subject (if chosen)						
Check TYPE and SUBJ	nd Subject (if chosen) ECT for activity chosen. TYP	E=Offline, Online o	or Active/Inte	eractive. ONLY ONE che			
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Check TYPE and SUBJ box per activity.	ECT for activity chosen. TYP						
Check TYPE and SUBJ box per activity. Check all that apply.	ECT for activity chosen. TYP						

How much time o	lid you spend on Activ	ity 7?		
Mark only one oval.				
	1 2			
45.00 /	30+ minute:	_		
15 - 29 minutes				
15 - 29 minutes (_		
15 - 29 minutes (301 minutes			
Activity 8 Type ar	nd Subject (if chosen) ECT for activity chosen. TYP	_	or Active/Inte	eractive. ONLY ONE che
Activity 8 Type ar Check TYPE and SUBJ box per activity.	nd Subject (if chosen) ECT for activity chosen. TYP	_	or Active/Inte	eractive. ONLY ONE che
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Activity 8 Type ar Check TYPE and SUBJ box per activity. Check all that apply.	nd Subject (if chosen) ECT for activity chosen. TYP	E=Offline, Online o		

	Activity 8 (if chosen) - Provide details of the activity completed: title, answers, sco who helped you (all if applicable). Also, what you liked or didn't like about the activ
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-	
ŀ	How much time did you spend on Activity 8?
Λ	Mark only one oval.
	1 2
-	15 - 29 minutes 30+ minutes
ŀ	How was your day of online learning? *
_	
-	
	Did you spend some time on Big Brainz yesterday or today? *
1	Mark only one oval.
	Yes, I did.
	No, but I'm going to right now. :)
	I would like to but I need my username and password. Please Send.

30.	Tell me about something interesting that you have done or witnessed recently. *
31.	Thank you for learning today. Keep up the good work and stay safe. Now go play! ;)
	Take care, Mr. W. (This is not a trick question. Any answer you choose is correct) :) *
	Mark only one oval.
	You are welcome Mr. Walulik.
	Ok!
	I don't want to play. I'm going to do something else.
	First, I'm going to go on another learning website. Then maybe I'll go play or do something else.

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