

Student Perception Questionnaire



ATTITUDE/Efficacy

How do I feel about this learning activity? _____

What issues am I dealing with that may be distracting my attention? _____

What can I do to adjust my attitude toward this learning activity? _____

What do I need in order to make this a more successful experience? _____

SKILL/Regulation

Do I completely understand the tasks involved in this activity? _____

Do I have the skills required to complete the tasks? _____

Do I have all the resources I need? _____

Do I have the time to complete the tasks? _____

Do I have the support to complete the tasks? _____

CONFIDENCE/Self-Esteem

Who can I ask for help if I need it? _____

Who can I ask for support if I need it? _____

What skills do I possess that will help me do well on these tasks? _____

What will I do to celebrate my accomplishment? _____

REFLECTION/Metacognition

This was my best work because: _____

I could have worked harder on: _____

Next time I will: _____
