

## Experience Implementation Form

Fill out after your Educational experiences is completed.

Your Name:

Period of Astronomy:

Name of Experience

Names of Payton students working on this experience

When did the experience actually take place?

Date:

Time:

Place:

What community group did you work with?

Did the experience run smoothly from your perspective? Explain.

Did the experience run smoothly from the perspective of the community members? Explain.

Were the community members engaged? How do you know?

What were your goals for this experience?

This section is for Ms. Barge's eyes only. What did each student in this group do during the experience? Give evidence of each person's part in the implementation of this experience. If you felt someone in your group did a great job, let me know. If you think someone in your group didn't pull their weight, let me know. Include yourself in this assessment.