

## My Flexi-Scope Journal: For All Activities

Use this sheet to record your observations about your experiences with Flexi-Scope.

My Name \_\_\_\_\_ Teacher's Name \_\_\_\_\_ Date \_\_\_\_\_

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My Name \_\_\_\_\_ Teacher's Name \_\_\_\_\_ Date \_\_\_\_\_

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My Name \_\_\_\_\_ Teacher's Name \_\_\_\_\_ Date \_\_\_\_\_

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