**Review Reflection **

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| School |  | Date of Review |  | Name (opt) |  |

 What was your role in this School Review (e.g., what tasks did you complete for the review)?

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 What went well today?

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 What could be improved for next time?

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 What remaining questions do you have about the day?

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 Please use this space to add any additional comments or feedback.

 Thank you for your participation in the School Review process!