HEALTH ROCKS!®

LEARN IT, LIVE IT! REFLECTION SHEET



Name:

Name of Activity Completed:

Date of Activity Completion:

Describe the steps that you took when completing this activity.

After completing this activity, I feel (check all that apply):

More knowledgeable	Uncertain	Excited
Empowered	Nervous	Нарру
Confident	Worried	Concerned
Confused	Other	Other

After completing this activity, one healthy living action step I am going to take is:

One question I have for my *Health Rocks!*® leader is:

