

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):

<input type="checkbox"/>	More knowledgeable	<input type="checkbox"/>	Uncertain	<input type="checkbox"/>	Excited
<input type="checkbox"/>	Empowered	<input type="checkbox"/>	Nervous	<input type="checkbox"/>	Happy
<input type="checkbox"/>	Confident	<input type="checkbox"/>	Worried	<input type="checkbox"/>	Concerned
<input type="checkbox"/>	Confused	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	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: