Name: _____ Date: _____

Four Corners Exit Ticket Sample

Reflection on Today's Four Corners Activity

1. **Which corner did you choose and why?**

_____

_____

2. **What is one new thing you learned from your group discussion?**

_____

_____

3. **Did your opinion or understanding change after the discussion? If yes, how? If no, why not?**

_____

_____

4. **What question or topic do you still have after this activity?**

_____

_____

5. **How confident do you feel about the material now? (Circle one)**

☐ Very Confident ☐ Somewhat Confident ☐ Not Confident

6. **What is one thing you did well during this activity?**

7. **What is one thing you could improve next time?**

8. **Any additional comments or thoughts about the activity?**

Teacher's Note: Thank you for sharing your thoughts! Your feedback helps me understand what you learned and how I can support you better. Keep up the great work!