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| **My dream classroom** |
| **My name:** | **My feedback for:**  |
| **My favourite thing(s):**  |
| **✓** | **YES** | **OK** | **NO** |
| You had good ideas for your classroom.  |  |  |  |
| You spoke loudly and clearly. |  |  |  |
| You spoke freely.  |  |  |  |
| Your talk was fluent and natural. |  |  |  |
| You made eye contact with the class.  |  |  |  |
| Your picture looks interesting / is creative. |  |  |  |
| You labeled the things in your picture. |  |  |  |
| Comment / Tip:  |

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