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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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