

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Topic or text: \_\_\_\_\_

## Window Notes

### FACTS

What did you learn?

### FEELINGS & REACTIONS

How did you feel about what you saw, heard, or read?

### QUESTIONS

What do you want to know or wonder about?

### CONNECTIONS

Can you make any connections to people, places, or things you know about?  
Or to experiences you've had?

