Florida School for the Deaf & the Blind

Do More. Be More. Achieve More.

Student Reflection for Fluency Pre-Video

Name:_____ **Date:**_____

Title/Source of Passage:_____

1. Did I use facial expressions? If so, for which words or phrases?

2. Did I fingerspell words? If so, which words?

3. Did I omit (skip) any words or phrases? If so, which ones and why?

4. Did I use ASL?

5. What do I want to improve while working on this passage?