

Name: _____

Date: _____

What I Notice (See), Think, Wonder

Notice (See)	Think What do the things you notice make you think about?	Wonder What are you still wondering about?
<input type="checkbox"/> Image 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Image 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Image 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Image 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Image 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Image 6 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Image 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Image 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Image 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Image 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Image 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Image 6 <input type="checkbox"/>	<input type="checkbox"/> Image 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Image 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Image 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Image 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Image 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Image 6 <input type="checkbox"/>