Last Name: _____First_____ Date:_____ B:_____ T: _____

See

Object	What do you see? (be specific)
	1.
	2.
	3.

Wonder

Object	What do you wonder?
	1.
	2.
	3.

Think

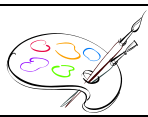
Object	What do you think?
	1.

See

Object	What do you see? (be specific)
	1.
	2.
	3.

Wonder

Object	What do you wonder?
	1.
	2.
	3.



Think

Object	What do you think?
	1.