

Complete a Challenge

NAME: _____

DATE: _____

TIME: _____

WHERE WE WALKED: _____

MY CHALLENGE: _____

WHAT I LEARNED: _____

Observe Your World

NAME: _____

DATE: _____

TIME: _____

WHERE WE WALKED: _____

WHAT I WAS LOOKING FOR: _____

WHAT I LEARNED: _____

Draw What You Saw

NAME: _____

DATE: _____

TIME: _____

WHERE WE WALKED: _____

A PICTURE OF WHAT I SAW:


