Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Hour: \_\_\_

**Inquiry Pre-Test Answer Sheet**

My Total Correct: \_\_\_\_\_\_\_\_/17

|  |  |  |
| --- | --- | --- |
| Number | Place an “X” on this line if you answered the question INCORRECTLY | Rate your level of understanding:  3-2-1-0 |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |
| 11 |  |  |
| 12 |  |  |
| 13 |  |  |
| 14 |  |  |
| 15 |  |  |
| 16 |  |  |
| 17 |  |  |

|  |  |
| --- | --- |
| Rate Your Level of Understanding | |
| 0 | I did not understand the information. |
| 1 | I recognized the information, but need to learn more. |
| 2 | I understood most or all of the information. |
| 3 | I understood all of the information and can help others achieve understanding. |