

NAME: _____

Period: _____

Date: _____

Writing Tablet

Day 4 Survey (Hand in *with* Handwriting Injuries)

1. Using the Writing Tablet was:

Awesome Enjoyable OK I Don't Care I Hated It

2. Using the Writing Tablet was:

Easy Average Difficult

3. Describe and difficulties you had while using the Writing Tablet:

4. What was your favorite activity while using the Writing Tablet?

5. What was your least favorite activity?

6. What could we do to make this unit more beneficial?

7. Complete the *Handwriting Injuries* assignments from the Nifty 50 Book. (Pages 41 – 51.) Print Handwriting Injuries document with your name and the handwritten comments. Staple it to the back of this survey and hand into the instructor.