| Name:                   |                  | <del></del>                      |  |
|-------------------------|------------------|----------------------------------|--|
| 1. What did you notice? |                  | 2. What do you wonder?           |  |
|                         |                  |                                  |  |
|                         |                  |                                  |  |
|                         |                  |                                  |  |
| 3. Main Question:       | ;                |                                  |  |
|                         |                  |                                  |  |
|                         |                  |                                  |  |
| 4. Estimate:            | 5. What informat | 5. What information do you need? |  |
|                         |                  |                                  |  |
|                         |                  |                                  |  |
| 6. Show your thir       | ıking:           |                                  |  |
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