

Learning Centre Makeover

Educator Name:

Before (In the cell below, paste a photo of your “before” learning centre)	Your Reflections (What were you dissatisfied with in your “before” learning centre)	After (In the cell below, paste a photo of your “after” learning centre)	Impact on Children (How did your students respond to the “after” learning centre?)
	<ul style="list-style-type: none">•••		<ul style="list-style-type: none">•••

