

Student Name _____

Date _____

Learning Style Project Menu:

_____ CA standard _____

Emergent: _____

Foundation: _____

Challenge: _____

Project Choices

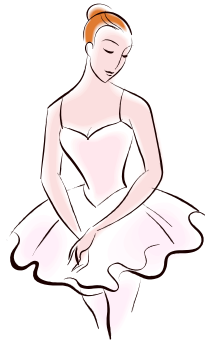
Visual



Auditory



Kinesthetic



Student Choice
(requires teacher approval)