

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Four Corners Response Sheet

Question, Problem, or Topic: \_\_\_\_\_

**My Opinions and Reasons:** List (3) reasons that support your thoughts about this question, problem, or topic.

1.

2.

3.

**My Group's Opinions & Reasons:** Write down (3) new ideas or reasons from members of your "corner" group.

1.

2.

3.

After listening to your "corner" group and the thoughts and opinions of the other groups, has your mind changed? (Circle one)

Yes

No

**Why or why not?**

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