

Classroom Data Sheet – Brain Freeze Day \_\_\_\_\_

School: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Grade Level/Subject \_\_\_\_\_

Number of students that used technology to do Brain Freeze activities	
Number of students that used the “paper” copy to do the Brain Freeze activities	
Emails received and responded to	
Checked OneNote work and made comments	
Phone calls received	
Phone calls made	
How many students came to school	

Data Collection	
What Worked	What Didn't Work

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Principal collect at the end of the day and put in county mail to Darla Moyers.