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

*Answer each question below.*

* What do you know about Roundnet best practices?
* What if you don’t know what Roundnet best practices are?
* What experiences did you have today that can be used as evidence to support your ideas about best practices? Elaborate on each experience.

*(Write this answer on the back of this sheet.)*

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