

Name:

Rehearsal schedule	Rehearsal reflection
Date: Location: Aim:	WWW:  EBI:
Date: Location: Aim:	WWW:  EBI:
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Date: Location: Aim:	WWW:  EBI:
Date: Location: Aim:	WWW:  EBI:

Name:

Feedback	Your response to feedback
Feedback given by:	
Feedback given by:	
Feedback given by:	
Feedback given by:	
Feedback given by:	