Name_____          ***Response or Refutation Builder***
Period_____Date_____

| | | |
|---|---|---|
| **Counter-Argument** | Counter-Claim: (One potential reason your position isn't true) | |
| | Backing for Counter-Claim: (Evidence and reasoning to support CC) | |
| **Response or Refutation** | Transition Word or Phrase (either a single transition or a summary of the CA): | |
| | Newly Formulated Claim: (responding to the CA) | |
| | Evidence+ Reasoning or Critique of CA (explain why your response is stronger): | |