APPENDIX - VI

REFLECTIONS AND FEEDBACK

Nam	e:	Class:	Section: D.O.B.:	
Gen	der:	Age:		
Mother's Name:			Contact No.:	
1.	What attitudes	of yours got changed	through this program?	
2.		me positive emotions gh this program.	s which you could reco	gnize and
3.		e of your negative emo	tions identified during the	program?
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i .	What are some positive relationships developed at home as well as in school through this program? Briefly discuss.				
					
5.	What are some of the behavioral changes experienced by you through this program?				
5.	What are your other personal learnings through this program?				
7.	Would you recommend this program for other adolescents? Yes / No? Why?				
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