

Parents' Review What do you think of the session?

Week 1 2 3	4 5 6 7			Date	
1. How much ha	ave you enjoye	d today's ses	sion?		
Awful ⊜	Bad	OK ⊜	Good	Great ☺	
1	2	3	4	5	
2. What else wo	ould you like to	tell us?			

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