



Kids - Please Give Us Your Feedback

Name:	Age:	Region:
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Please circle the number that best describes your feelings.

	1=Strongly Disagree	2=Disagree	3=Neither Disagree or Agree	4=Agree	5=Strongly Agree
1. I like going to class.	1	2	3	4	5
2. Even though I am a kid, I feel that people listened to me.	1	2	3	4	5
3. I feel safer.	1	2	3	4	5
4. I consistently participated in class.	1	2	3	4	5
5. Class is fun.	1	2	3	4	5
6. I can defend myself.	1	2	3	4	5

Please describe your feelings.

7. What is your most favorite part of class?
8. How does school seem different since you started training?
9. How are you different than before you started training?
10. Why do you like training?
11. We welcome any other feedback you would like to provide.

