

DID WE DO OUR BEST?



2003

WHAT DO YOU THINK?

Please write the name of your school here. _____

What does the CARING HABIT of the MONTH Adventure® mean to you?

Which CARING HABIT has helped you the most and why?

Have YOU done anything different because of this program? (check off all that apply)

- | | |
|---|---|
| <input type="checkbox"/> I have worked harder in school. | <input type="checkbox"/> I have done something at home. |
| <input type="checkbox"/> I have done my homework more often. | <input type="checkbox"/> I have done something nice for someone. |
| <input type="checkbox"/> I learned how to set goals and achieve them. | <input type="checkbox"/> I have thought about doing something nice. |

What Else? *(Write in your own answer)*

What would you do to make the CARING HABIT Adventure® better?

Would you like to have the CARING HABIT of the MONTH Adventure® continue next year?

- YES Why?
- NO Why?

On the back of this sheet, see if you can list the CARING HABITS® starting with September. ➡

You Count! Please Fill-out & Return To Your Teacher Right Away! Thank You!