Name:

What do you think?

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| Questions |  |  |  |
| How are you feeling about leaving home to come to school? |  |  |  |
| How are you feeling about being in school? |  |  |  |
| How well are you getting in with your friends in school? |  |  |  |
| How well are you able to concentrate on the activities your teacher is asking you to do? |  |  |  |

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