




Program Processing Form

Program Name _____

Date _____ Location _____

What we did _____

What happened _____

| | | | |
|------------|---|---|---|
| | Happy; loved it! | Mmmm. Okay, but I'm not purring! | WAAAAHHH!!! I HATED it! |
| How I felt |  |  |  |

What I'd change _____

What I liked best _____




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