







Name: \_\_\_\_\_




**How do you feel about your English this week?**



**Tick the boxes.**

**Date:**

	 (happy)	 (ok)	 (not happy)
	Speaking		
<b>Week _</b>	Reading		
	Writing		
	Listening		

	 (happy)	 (ok)	 (not happy)
	Speaking		
<b>Week _</b>	Reading		
	Writing		
	Listening		

	 (happy)	 (ok)	 (not happy)
	Speaking		
<b>Week _</b>	Reading		
	Writing		
	Listening		

**Are you  (happy)/  (not happy) with your English?    Yes    No**  
**If no, what can you do about it?**

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