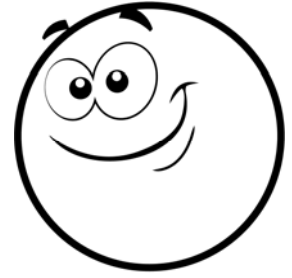


Name _____ **Feelings**



I Felt That Way When...

Think of the times when you experienced each of these feeling.
List as many examples from your own life as you can.

Disappointed

Furious

Surprised

Excited
