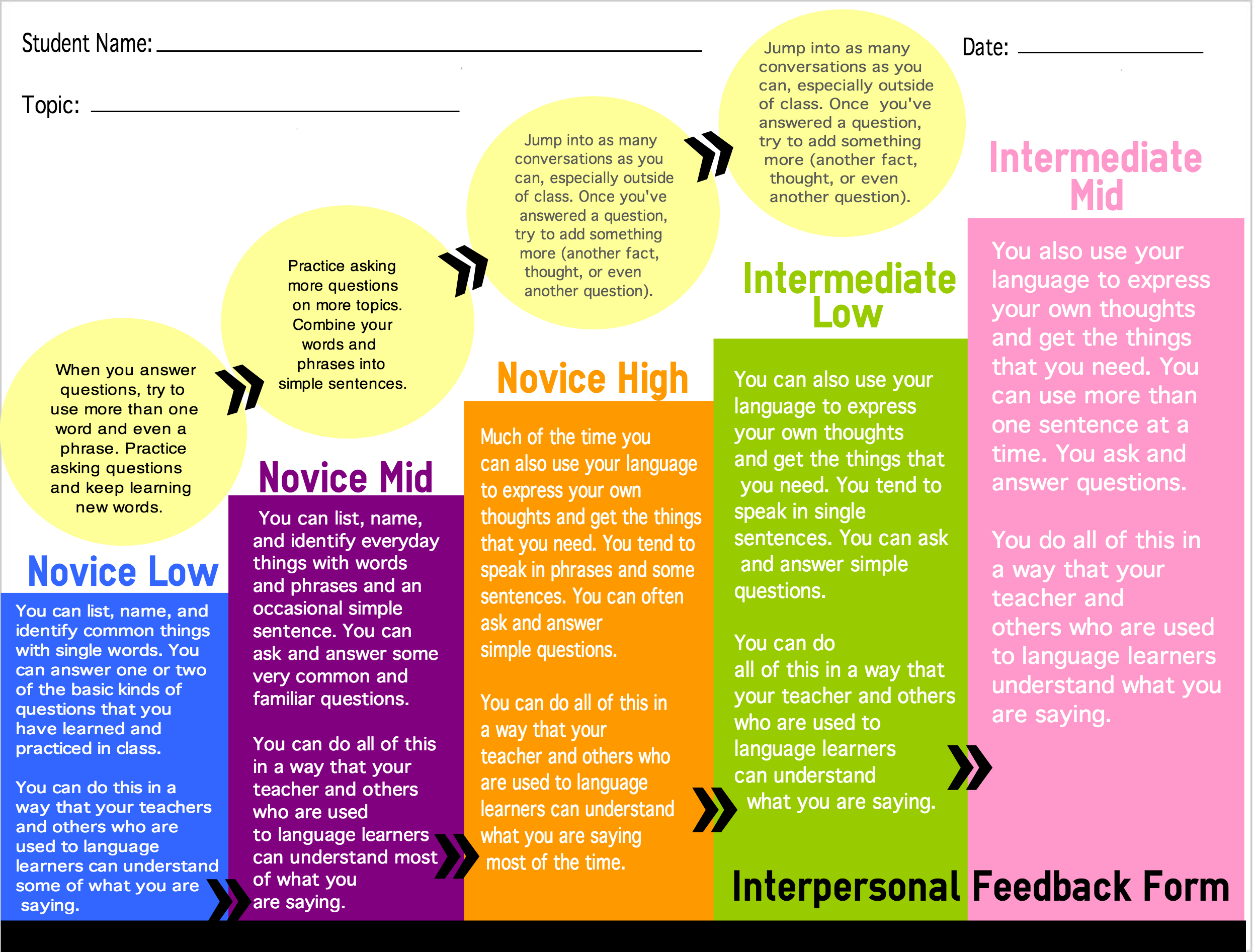


Student Name: _____

Date: _____

Topic: _____



Intermediate Low

Intermediate Mid

Interpersonal Feedback Form