**SAMPLE LESSONS**

**FEEDBACK FORMS**

***Please Email the feedback forms to:*** ***cc@formations.org.in***

**CROSS CURRENTS FEEDBACK FORM – CHARACTER DEVELOPMENT**

*(To be filled**once this lesson is completed by the TEACHER)*

**Topic:**

**Taught on (Date):**

1. **How has the material BEEN USED?** *(Highlight the relevant)*
2. SECULAR SCHOOLS d) TEEN HOME GROUPS
3. CHRISTIAN MANAGEMENT SCHOOLS e) UNDER PRIVILEGED KIDS
4. SUNDAY SCHOOL f) SPECIAL NEEDS KIDS

**OTHERS** (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Rate this Lesson** *(Highlight the relevant)*
2. Excellent b. Very Good c. Good d. Bad
3. **What did you like about this lesson?**
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. **What LIMITATIONS have you faced while taking the lesson.**
8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. **What improvements does this lesson need?**
12. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
13. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
14. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
15. **On a scale of 1 to 5, how relevant was the topic and content of the lesson for the students**

*(1-Least; 5-Maximum)*

1. Topic: b. Content:

*Any other feedback (Feel free to write extensive feedback below)*

**NOTE: In case you have customized these lessons, kindly send us the soft copies so that we can use it for others in need.**

**Name:**

**Date: Place:**

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***Tear here and send it to us***

**CROSS CURRENTS FEEDBACK FORM – LIFE SKILLS**

*(To be filled**once this lesson is completed by the TEACHER)*

**Topic:**

**Taught on (Date):**

1. **How has the material BEEN USED?** *(Highlight the relevant)*
2. SECULAR SCHOOLS d) TEEN HOME GROUPS
3. CHRISTIAN MANAGEMENT SCHOOLS e) UNDER PRIVILEGED KIDS
4. SUNDAY SCHOOL f) SPECIAL NEEDS KIDS

**OTHERS** (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Rate this Lesson** *(Highlight the relevant)*
2. Excellent b. Very Good c. Good d. Bad
3. **What did you like about this lesson?**
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. **What LIMITATIONS have you faced while taking the lesson.**
8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. **What improvements does this lesson need?**
12. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
13. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
14. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
15. **On a scale of 1 to 5, how relevant was the topic and content of the lesson for the students**

*(1-Least; 5-Maximum)*

1. Topic: b. Content:

*Any other feedback (Feel free to write extensive feedback below)*

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**CROSS CURRENTS FEEDBACK FORM - OVERCOMING ADDICTIONS**

*(To be filled**once this lesson is completed by the TEACHER)*

**Topic:**

**Taught on (Date):**

1. **How has the material BEEN USED?** *(Highlight the relevant)*
2. SECULAR SCHOOLS d) TEEN HOME GROUPS
3. CHRISTIAN MANAGEMENT SCHOOLS e) UNDER PRIVILEGED KIDS
4. SUNDAY SCHOOL f) SPECIAL NEEDS KIDS

**OTHERS** (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Rate this Lesson** *(Highlight the relevant)*
2. Excellent b. Very Good c. Good d. Bad
3. **What did you like about this lesson?**
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. **What LIMITATIONS have you faced while taking the lesson.**
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9. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. **What improvements does this lesson need?**
12. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
13. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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15. **On a scale of 1 to 5, how relevant was the topic and content of the lesson for the students**

*(1-Least; 5-Maximum)*

1. Topic: b. Content:

*Any other feedback (Feel free to write extensive feedback below)*

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