

LEADERS DAILY FEEDBACK

FULL NAME _____

KNA GROUP _____

Date: _____

Signature: _____

WHAT DID YOU THINK OF MONDAY?	_____ _____ _____
WHAT DO YOU THINK OF TUESDAY?	_____ _____ _____
WHAT DID YOU THINK OF WEDNESDAY?	_____ _____ _____
WHAT DID YOU THINK OF THURSDAY?	_____ _____ _____
WHAT DID YOU THINK OF FRIDAY?	_____ _____ _____

ANY OTHER COMMENTS ON WHAT THE CHILDREN ENJOYED MOST AND
WHAT WE NEED TO IMPROVE ON:

What skills did you learn in KNA daycamp? _____