



Monitoring Form: LESSON 1

Opening *Unplugged*

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SCHOOL _____

MUNICIPALITY _____

CLASS _____

TEACHER (NAME, SURNAME) _____

SCHOOL SUBJECT _____

.....

Date of delivery of this lesson (dd/mm/yy)

Time needed to complete this lesson minutes

Number of students participating in this lesson out of

Please tick with [x] the boxes corresponding to the activities actually carried out during this lesson.

Activities

- Opening: introduction to *Unplugged*
- Brainstorm "*Unplugged*"
- Work in small groups: "What do we expect?"
- Creating the class contract
- Energizers
- Closure: personal reflection

Did you change the activities compared to the instructions in the Manual?

Yes No

If "Yes", how?



Do you have any comment or suggestion about this lesson?

Yes No

If “Yes”, which?

Did you have any difficulty during the delivery of this lesson?

Yes No

If “Yes”, which?

Lesson rating

	Very low	Low	High	Very high
Students' interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interactivity level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not at all	Only a little	To some extent	Very much
The textbook and teacher handbook gave sufficient material to deliver this lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How comfortable did you feel during the delivery of this lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





Monitoring Form: LESSON 2

To be or not to be in a group

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SCHOOL _____

MUNICIPALITY _____

CLASS _____

TEACHER (NAME, SURNAME) _____

SCHOOL SUBJECT _____

.....

Date of delivery of this lesson (dd/mm/yy)

Time needed to complete this lesson minutes

Number of students participating in this lesson out of

Please tick with [x] the boxes corresponding to the activities actually carried out during this lesson.

Activities

- Opening: discussion on group pressure
- Role play 1: "How groups sometimes act"
- Role play 2: "How could a single act"
- Evaluation of situation plays
- Energizers
- Closure on the student workbook

Did you change the activities compared to the instructions in the Manual?

Yes No

If "Yes", how?



Do you have any comment or suggestion about this lesson?

Yes No

If “Yes”, which?

Did you have any difficulty during the delivery of this lesson?

Yes No

If “Yes”, which?

Lesson rating

	Very low	Low	High	Very high
Students' interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interactivity level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not at all	Only a little	To some extent	Very much
The textbook and teacher handbook gave sufficient material to deliver this lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How comfortable did you feel during the delivery of this lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





Monitoring Form: LESSON 3

Choices - Alcohol, Risk and Protection

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SCHOOL _____

MUNICIPALITY _____

CLASS _____

TEACHER (NAME, SURNAME) _____

SCHOOL SUBJECT _____

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Date of delivery of this lesson (dd/mm/yy)

Time needed to complete this lesson minutes

Number of students participating in this lesson out of

Please tick with [x] the boxes corresponding to the activities actually carried out during this lesson.

Activities

- Opening: group discussion
- Collage about risk and protection
- Energizers
- Closure: create a character

Did you change the activities compared to the instructions in the Manual?

Yes No

If "Yes", how?



Do you have any comment or suggestion about this lesson?

Yes No

If “Yes”, which?

Did you have any difficulty during the delivery of this lesson?

Yes No

If “Yes”, which?

Lesson rating

	Very low	Low	High	Very high
Students' interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interactivity level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not at all	Only a little	To some extent	Very much
The textbook and teacher handbook gave sufficient material to deliver this lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How comfortable did you feel during the delivery of the lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





Monitoring Form: LESSON 4

Your beliefs, norms and information - Do they reflect reality?

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SCHOOL _____

MUNICIPALITY _____

CLASS _____

TEACHER (NAME, SURNAME) _____

SCHOOL SUBJECT _____

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Date of delivery of this lesson (dd/mm/yy)

Time needed to complete this lesson minutes

Number of students participating in this lesson out of

Please tick with [x] the boxes corresponding to the activities actually carried out during this lesson.

Activities

- Opening: discussion on information sources
- How many times...
- Estimated and actual figures about drug use
- Energizers
- Closure: critical thinking

Did you change the activities compared to the instructions in the Manual?

Yes No

If "Yes", how?



Do you have any comment or suggestion about this lesson?

Yes No

If “Yes”, which?

Did you have any difficulty during the delivery of this lesson?

Yes No

If “Yes”, which?

Lesson rating

	Very low	Low	High	Very high
Students' interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interactivity level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not at all	Only a little	To some extent	Very much
The textbook and teacher handbook gave sufficient material to deliver this lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How comfortable did you feel during the delivery of this lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





Monitoring Form: LESSON 5

Smoking the cigarette drug - Inform yourself

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SCHOOL _____

MUNICIPALITY _____

CLASS _____

TEACHER (NAME, SURNAME) _____

SCHOOL SUBJECT _____

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Date of delivery of this lesson (dd/mm/yy)

Time needed to complete this lesson minutes

Number of students participating in this lesson out of

Please tick with [x] the boxes corresponding to the activities actually carried out during this lesson.

Activities

- Opening: knowledge test on cigarettes
- Pro and contra arguments
- The court
- Energizers
- Closure: feedback on *Unplugged*

Did you change the activities compared to the instructions in the Manual?

Yes No

If "Yes", how?



Do you have any comment or suggestion about this lesson?

Yes No

If “Yes”, which?

Did you have any difficulty during the delivery of this lesson?

Yes No

If “Yes”, which?

Lesson rating

	Very low	Low	High	Very high
Students' interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interactivity level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not at all	Only a little	To some extent	Very much
The textbook and teacher handbook gave sufficient material to deliver this lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How comfortable did you feel during the delivery of this lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





Monitoring Form: LESSON 6

Express yourself

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SCHOOL _____

MUNICIPALITY _____

CLASS _____

TEACHER (NAME, SURNAME) _____

SCHOOL SUBJECT _____

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Date of delivery of this lesson (dd/mm/yy)

Time needed to complete this lesson minutes

Number of students participating in this lesson out of

Please tick with [x] the boxes corresponding to the activities actually carried out during this lesson.

Activities

- Opening: working on emotion-word cards
- Situations and emotion expression
- The human sculptures
- The telephone book
- Energizers
- Closure: group work

Did you change the activities compared to the instructions in the Manual?

Yes No

If "Yes", how?



Do you have any comment or suggestion about this lesson?

Yes No

If “Yes”, which?

Did you have any difficulty during the delivery of this lesson?

Yes No

If “Yes”, which?

Lesson rating

	Very low	Low	High	Very high
Students' interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interactivity level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not at all	Only a little	To some extent	Very much
The textbook and teacher handbook gave sufficient material to deliver this lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How comfortable did you feel during the delivery of this lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





Monitoring Form: LESSON 7

Get up, stand up

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SCHOOL _____

MUNICIPALITY _____

CLASS _____

TEACHER (NAME, SURNAME) _____

SCHOOL SUBJECT _____

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Date of delivery of this lesson (dd/mm/yy)

Time needed to complete this lesson minutes

Number of students participating in this lesson out of

Please tick with [x] the boxes corresponding to the activities actually carried out during this lesson.

Activities

- Opening: assertiveness
- When am I assertive?
- Practical refusal statements
- Individual processing
- Energizers
- Closure: reflection about assertiveness

Did you change the activities compared to the instructions in the Manual?

Yes No

If "Yes", how?



Do you have any comment or suggestion about this lesson?

Yes No

If “Yes”, which?

Did you have any difficulty during the delivery of this lesson?

Yes No

If “Yes”, which?

Lesson rating

	Very low	Low	High	Very high
Students' interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interactivity level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not at all	Only a little	To some extent	Very much
The textbook and teacher handbook gave sufficient material to deliver this lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How comfortable did you feel during the delivery of this lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





Monitoring Form: LESSON 8

Party tiger

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SCHOOL _____

MUNICIPALITY _____

CLASS _____

TEACHER (NAME, SURNAME) _____

SCHOOL SUBJECT _____

.....

Date of delivery of this lesson (dd/mm/yy)

Time needed to complete this lesson minutes

Number of students participating in this lesson out of

Please tick with [x] the boxes corresponding to the activities actually carried out during this lesson.

Activities

- Opening: short review of the previous lesson
- Role play - step by step
- Discussion with the class
- Energizers
- Closure: giving and receiving compliments

Did you change the activities compared to the instructions in the Manual?

Yes No

If "Yes", how?



Do you have any comment or suggestion about this lesson?

Yes No

If “Yes”, which?

Did you have any difficulty during the delivery of this lesson?

Yes No

If “Yes”, which?

Lesson rating

	Very low	Low	High	Very high
Students' interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interactivity level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Not at all	Only a little	To some extent	Very much
The textbook and teacher handbook gave sufficient material to deliver this lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How comfortable did you feel during the delivery of this lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





Monitoring Form: LESSON 9

Drugs - Get informed

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SCHOOL _____

MUNICIPALITY _____

CLASS _____

TEACHER (NAME, SURNAME) _____

SCHOOL SUBJECT _____

.....

Date of delivery of this lesson (dd/mm/yy)

Time needed to complete this lesson minutes

Number of students participating in this lesson out of

Please tick with [x] the boxes corresponding to the activities actually carried out during this lesson.

Activities

- Opening: group division
- Drug questions
- Scores and processing
- Energizers
- Closure: common feelings and findings

Did you change the activities compared to the instructions in the Manual?

Yes No

If "Yes", how?



have any comment or suggestion about this lesson?

Yes No

If “Yes”, which?

Did you have any difficulty during the delivery of this lesson?

Yes No

If “Yes”, which?

Lesson rating

	Very low	Low	High	Very high
Students' interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interactivity level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not at all	Only a little	To some extent	Very much
The textbook, teacher handbook and quiz cards gave sufficient material to deliver this lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How comfortable did you feel during the delivery of this lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





Monitoring Form: LESSON 10

Coping competences

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SCHOOL _____

MUNICIPALITY _____

CLASS _____

TEACHER (NAME, SURNAME) _____

SCHOOL SUBJECT _____

.....

Date of delivery of this lesson (dd/mm/yy)

Time needed to complete this lesson minutes

Number of students participating in this lesson out of

Please tick with [x] the boxes corresponding to the activities actually carried out during this lesson.

Activities

- Opening: short review of the previous lesson
- Ways people cope with problems
- Coping with difficulties or limitations
- The story of Jacob
- Energizers
- Closure: sharing the post/message

Did you change the activities compared to the instructions in the Manual?

Yes No

If "Yes", how?



Do you have any comment or suggestion about this lesson?

Yes No

If “Yes”, which?

Did you have any difficulty during the delivery of this lesson?

Yes No

If “Yes”, which?

Lesson rating

	Very low	Low	High	Very high
Students' interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interactivity level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not at all	Only a little	To some extent	Very much
The textbook and teacher handbook gave sufficient material to deliver this lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How comfortable did you feel during the delivery of this lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





Monitoring Form: LESSON 11

Problem solving and decision making

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SCHOOL _____

MUNICIPALITY _____

CLASS _____

TEACHER (NAME, SURNAME) _____

SCHOOL SUBJECT _____

.....

Date of delivery of this lesson (dd/mm/yy)

Time needed to complete this lesson minutes

Number of students participating in this lesson out of

Please tick with [x] the boxes corresponding to the activities actually carried out during this lesson.

Activities

- Opening: review of the previous lesson
- Amazon adventure
- The five-step-plan to problem solving
- Group work
- Energizers
- Closure: assignment of tasks

Did you change the activities compared to the instructions in the Manual?

Yes No

If "Yes", how?



Do you have any comment or suggestion about this lesson?

Yes No

If “Yes”, which?

Did you have any difficulty during the delivery of this lesson?

Yes No

If “Yes”, which?

Lesson rating

	Very low	Low	High	Very high
Students' interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interactivity level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not at all	Only a little	To some extent	Very much
The textbook and teacher handbook gave sufficient material to deliver this lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How comfortable did you feel during the delivery of this lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





Monitoring Form: LESSON 12

Goal setting and closure

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SCHOOL _____

MUNICIPALITY _____

CLASS _____

TEACHER (NAME, SURNAME) _____

SCHOOL SUBJECT _____

.....

Date of delivery of this lesson (dd/mm/yy)

Time needed to complete this lesson minutes

Number of students participating in this lesson out of

Please tick with [x] the boxes corresponding to the activities actually carried out during this lesson.

Activities

- Opening: review of the previous lesson
- Goals
- A personal goal
- Working in small groups about short-term objectives
- Energizers
- Closure: individual evaluation of *Unplugged*
- Workbook note

Did you change the activities compared to the instructions in the Manual?

Yes No

If "Yes", how?



Do you have any comment or suggestion about this lesson?

Yes No

If “Yes”, which?

Did you have any difficulty during the delivery of this lesson?

Yes No

If “Yes”, which?

Lesson rating

	Very low	Low	High	Very high
Students' interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interactivity level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not at all	Only a little	To some extent	Very much
The textbook and teacher handbook gave sufficient material to deliver this lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How comfortable did you feel during the delivery of this lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



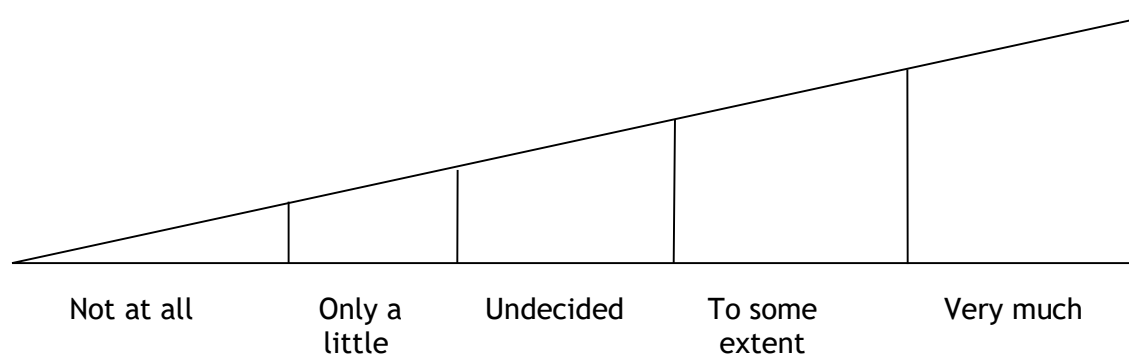


Teacher's satisfaction questionnaire

SCHOOL _____

MUNICIPALITY _____

1. How much do you feel satisfied of *Unplugged* delivery in your class? (Please, color up your answer).



2. Which lesson achieved the greatest success in terms of satisfaction, students-teacher's interaction and student's participation in your class? (Please, choose ONE)

1 Opening <i>Unplugged</i>	<input type="checkbox"/>	7 Get up, stand up	<input type="checkbox"/>
2 To be or not to be in a group	<input type="checkbox"/>	8 Party tiger	<input type="checkbox"/>
3 Choices - Alcohol, Risk and Protection	<input type="checkbox"/>	9 Drugs - Get informed	<input type="checkbox"/>
4 Your beliefs, norms and information - Do they reflect reality?	<input type="checkbox"/>	10 Coping competences	<input type="checkbox"/>
5 Smoking the cigarette drug - Inform yourself	<input type="checkbox"/>	11 Problem solving and decision making	<input type="checkbox"/>
6 Express yourself	<input type="checkbox"/>	12 Goal setting and closure	<input type="checkbox"/>



3. Which lesson achieved the lowest success in terms of satisfaction, students-teacher's interaction and student's participation in your class? (Please, choose ONE)

1 Opening <i>Unplugged</i>	<input type="checkbox"/>	7 Get up, stand up	<input type="checkbox"/>
2 To be or not to be in a group	<input type="checkbox"/>	8 Party tiger	<input type="checkbox"/>
3 Choices - Alcohol, Risk and Protection	<input type="checkbox"/>	9 Drugs - Get informed	<input type="checkbox"/>
4 Your beliefs, norms and information - Do they reflect reality?	<input type="checkbox"/>	10 Coping competences	<input type="checkbox"/>
5 Smoking the cigarette drug - Inform yourself	<input type="checkbox"/>	11 Problem solving and decision making	<input type="checkbox"/>
6 Express yourself	<input type="checkbox"/>	12 Goal setting and closure	<input type="checkbox"/>

4. Did *Unplugged* improve your knowledge and skills about drug prevention?

Not at all	Only a little	To some extent	Very much
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Do you think *Unplugged* enriched your teaching skills?

Not at all	Only a little	To some extent	Very much
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Do you think the program improved your relationship with the students?

Not at all	Only a little	To some extent	Very much
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Do you think the program improved the group climate in the class?

Not at all	Only a little	To some extent	Very much
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. How much the educational materials (teacher handbook, student workbook, quiz cards) supported you in conducting the *Unplugged* lessons?

Not at all	Only a little	To some extent	Very much
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



9. How much useful was the training course in improving the skills and knowledge needed to implement *Unplugged*?

Not at all	Only a little	To some extent	Very much
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. During the delivery of the program, did you need the support of the *Unplugged*'s trainers?

Yes No (If "No", please go to the 13th question)

11. If "Yes", for which reason and/or for which lesson?

.....
.....
.....

12. Was it useful?

Not at all	Only a little	To some extent	Very much
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Did you implement the program by yourself or with other colleagues?

By myself With other colleagues

14. Will you implement the program again the next year?

Yes No I don't know

15. If "No" or "I don't know", why?

.....
.....
.....

16. Was *Unplugged* formally included in the annual school planning?

Yes No



17. If “No”, why?

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.....
.....

18. Do you have any other comment or suggestion?

.....
.....
.....

Thank you for your collaboration

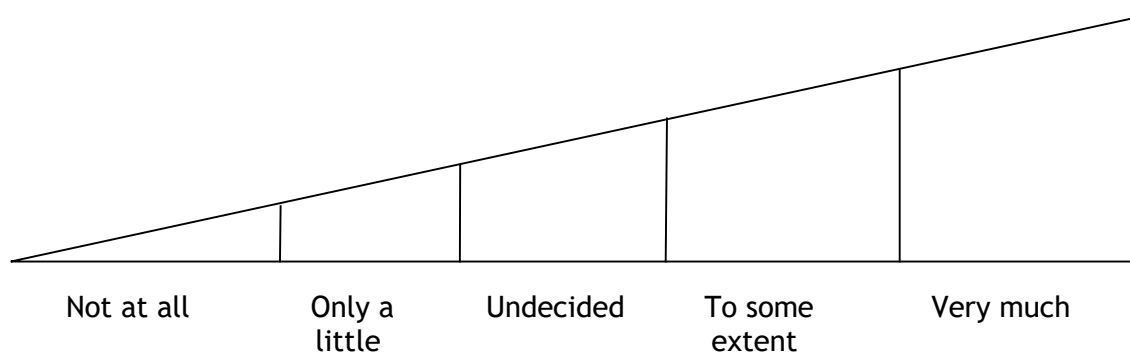


Student's satisfaction questionnaire

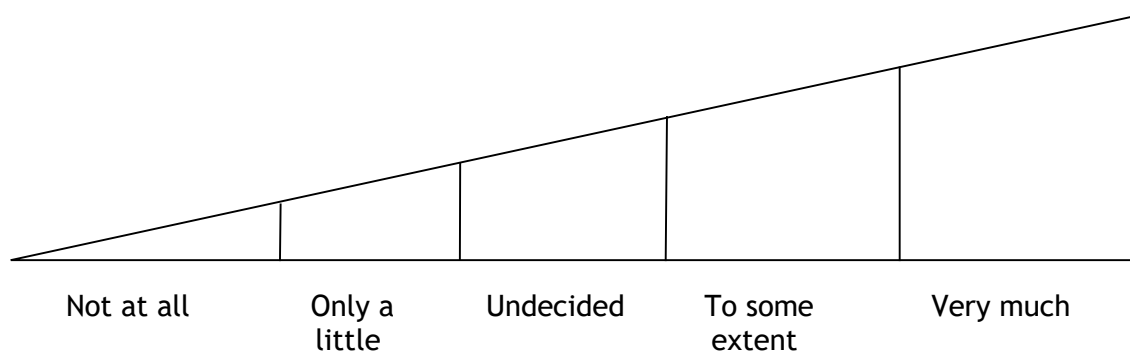
SCHOOL _____

MUNICIPALITY _____

1. How much did you like to participate in *Unplugged*? (Please, colour up your answer)



2. How much did you feel involved with *Unplugged*?





3. Which lesson did you like the most? (Please, choose ONE)

1 Opening <i>Unplugged</i>	<input type="checkbox"/>	7 Get up, stand up	<input type="checkbox"/>
2 To be or not to be in a group	<input type="checkbox"/>	8 Party tiger	<input type="checkbox"/>
3 Choices - Alcohol, Risk and Protection	<input type="checkbox"/>	9 Drugs - Get informed	<input type="checkbox"/>
4 Your beliefs, norms and information - Do they reflect reality?	<input type="checkbox"/>	10 Coping competences	<input type="checkbox"/>
5 Smoking the cigarette drug - Inform yourself	<input type="checkbox"/>	11 Problem solving and decision making	<input type="checkbox"/>
6 Express yourself	<input type="checkbox"/>	12 Goal setting and closure	<input type="checkbox"/>

4. Which lesson did you like the least? (Please, choose ONE)

1 Opening <i>Unplugged</i>	<input type="checkbox"/>	7 Get up, stand up	<input type="checkbox"/>
2 To be or not to be in a group	<input type="checkbox"/>	8 Party tiger	<input type="checkbox"/>
3 Choices - Alcohol, Risk and Protection	<input type="checkbox"/>	9 Drugs - Get informed	<input type="checkbox"/>
4 Your beliefs, norms and information - Do they reflect reality?	<input type="checkbox"/>	10 Coping competences	<input type="checkbox"/>
5 Smoking the cigarette drug - Inform yourself	<input type="checkbox"/>	11 Problem solving and decision making	<input type="checkbox"/>
6 Express yourself	<input type="checkbox"/>	12 Goal setting and closure	<input type="checkbox"/>

5. Did *Unplugged* improve your knowledge about the consequences of cigarettes, alcohol and drugs use?

Not at all	Only a little	To some extent	Very much
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Did *Unplugged* improve your ability to face situations?

Not at all	Only a little	To some extent	Very much
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



7. Did *Unplugged* improve your ability to express thoughts and personal opinions?

Not at all	Only a little	To some extent	Very much
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Did *Unplugged* improve your ability to understand and help other people?

Not at all	Only a little	To some extent	Very much
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Did *Unplugged* improve your relationship with teachers?

Not at all	Only a little	To some extent	Very much
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Would you like to participate again to a program like *Unplugged* in the next school years?

- Yes No I don't know
-

11. Do you have any comment or suggestion about the program?

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Thank you for your participation!