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| **LINC 5** **Name:** **Date:** | | |
| **CLB:** Speaking 5-IV Sharing Information **Task**: Talk about your family | | |
| **Self-Assessment Survey (Circle ‘Yes’ or ‘No’)** | | |
| Were you able to effectively communicate your opinion? | Yes | No |
| Did you feel others listened to you? | Yes | No |
| Did you feel others wanted to hear your opinion? | Yes | No |
| Was everyone able/encouraged to participate? | Yes | No |
| Was this discussion easy? | Yes | No |
| **Comments:** | | |

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