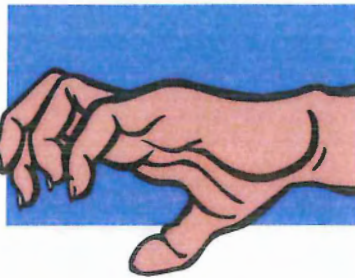


ACTS/Turning Points Pre/Post Survey

Name: _____ Date: _____

1. Trace your hand and write 5 safe people you can talk to about what happens at your home.

2. Circle pictures that show abuse.





Part 3: At school I feel ?



Scared



Frustrated



Happy



Angry



Confident

Part 4: If I need help, I can go to?



Dad



Mom



Teacher



Police Officer



Fire Fighter



Friend