

Name: _____

Date: _____

Feelings

J Q W U X T C O O P E R A T I V E
S E X W H O M E N L Z O S H U R I
V B E M O T I O N A L X Y A U Y E
O G K N E G A T I V E A S I P H V
D P O S I T I V E G H L P A H I D
T R E G N A O U B T P T E S Y A V
S O W L I S T E N I N G I I S G G
F D I S A P P O I N T E D H I U P
S T X C E M W L Y P P A H U C G R
H I T W Q Z M L W R P L U M A X L
F B V X K V T Y T U D W K N L V M
Z A L D Q O R O F W G F R P M K C
D Z T T V E V R E H T O M M D Y V
H R O H T S Q L U F T C E P S E R
Y K U S E C J T I R E D H Q S E I
S P I G Y R J U E Z C S D S K Q G
A S J U K T D E T A R T S U R F G

disappointed
emotional
Negative
Mother
Home

Cooperative
Listening
Isaiah
Happy

respectful
physical
sister
Tired

Frustrated
Positive
father
Anger