



# I just Don't Like the SOUND of NO!

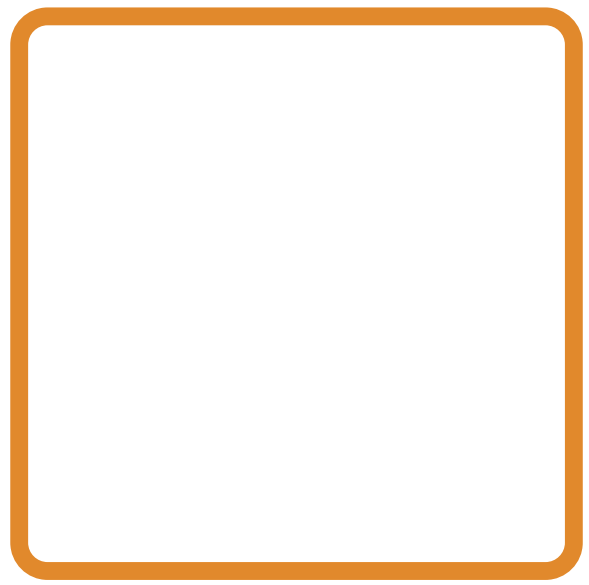
1. When is a time you were told NO and you had a hard time with it?
2. What feelings did you have?
3. How did your body feel?



1. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. \_\_\_\_\_  
 \_\_\_\_\_

3. \_\_\_\_\_  
 \_\_\_\_\_



What would it look like if you said YES to NO?  
 Write then draw a picture about it.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## SAY YES TO NO!

