

NOM:

PRENOM:

DATE:

EMOTIONS		EVALUATION		OBSERVATION
 Fou rire F	●	✓	✗	
 Pleurs H	●	✓	✗	
 PLH ordre	●	✓	✗	
 Rire Fz	●	✓	✗	
 Peur F	●	✓	✗	
 Râler	●	✓	✗	
 Sanglots F	●	✓	✗	
 Cri peur F	●	✓	✗	
 PLF colère forte	●	✓	✗	
 Rire Bête F	●	✓	✗	