

NAME: _____

DATE: _____

HOW AM I FEELING?

How intense is your feeling? (circle)

Circle or draw how you feel

 Sad	 Scared	 Calm
 Angry	 Happy	

- 10
- 9
- 8
- 7
- 6
- 5
- 4
- 3
- 2
- 1



What can I do to feel better?

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Art and doodling | Water and snacks | Puzzle | Hug a stuffed animal |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do jumping jacks | Ask for a hug | Listen to music | Deep Breathing |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Squeeze a stress ball | Think positive thoughts | Read a book | Build something |

I can _____





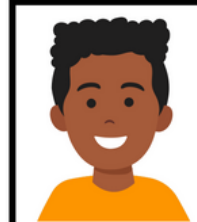
NAME: _____

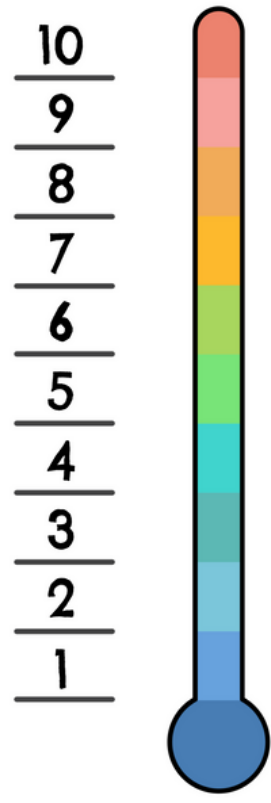
DATE: _____

HOW AM I FEELING?

How intense is your feeling? (circle)

Circle or draw how you feel

 Sad	 Scared	 Calm
 Angry	 Happy	



WHAT DID I DO TO FEEL BETTER?

HOW DID I FEEL AFTER USING THE CALMING STRATEGIES?

HOW CAN I DO BETTER NEXT TIME?

NAME: _____ DATE: _____

Circle or draw how you feel



What happened?

What can I do to feel better?

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Art and drawing | Water and snacks | Puzzle | Hug a stuffed animal |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do jumping jacks | Ask for a hug | Listen to music | Deep Breathing |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Squeeze a stress ball | Think positive thoughts | Read a book | Build something |

I can _____

NAME: _____ DATE: _____

Circle or draw how you feel



What can I do to feel better?

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Art and drawing | Water and snacks | Puzzle | Hug a stuffed animal |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do jumping jacks | Ask for a hug | Listen to music | Deep Breathing |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Squeeze a stress ball | Think positive thoughts | Read a book | Build something |

I can _____

Circle how you feel after using the calming strategies



NAME: _____

DATE: _____

How did I feel?

What happened?

What did I do to feel better?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Art and drawing	Water and snacks	Puzzle	Hug a stuffed animal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do jumping jacks	Ask for a hug	Listen to music	Deep Breathing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squeeze a stress ball	Think positive thoughts	Read a book	Build something
<input type="checkbox"/> I can _____			

How can I do better next time?

