



My Feelings



I feel _____ because _____

| | | |
|------------|-----------|---------------|
| Mad | Sad | Uncomfortable |
| Angry | Depressed | Grouchy |
| Aggressive | Crabby | Excited |
| Upset | Tired | Bouncy |
| Happy | Sick | Silly |
| Distracted | Nervous | Worried |

This is what I did:

This is how it made the other person feel:

These are things I could have done:

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Take a break
Tell a teacher

Deep breaths
Ask for help

Work on the floor
Get Headphones