



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

Deep breaths

Work on the floor

Tell a teacher

Ask for help

Get Headphones