



# My Feelings



I feel \_\_\_\_\_ because \_\_\_\_\_

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

This is what I did:

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This is how it made the other person feel:

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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