Name:	Date:	
SELF-REFLECTION	N WORK	SHEETS
1. How do I feel right now?		
○Happy ○Sad ○Angry	O Anxious	○ Grateful
○Tired ○Other:		
2. What went well today?		
3. What didn't go so well?		
4. One thing I learned today:		
5. What can I do better tomorrow	?	