

Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Emotional Check In

START

How are you feeling out of 10?

/10

Describe how you're feeling in 3 words

Who can you talk to?

- Parent/guardian
- Sibling
- Other family member
- Teacher
- Friend
- Counsellor
- Someone else

Do you feel like you have someone trusted to talk to about how you feel?

Yes

No

Is there anything you want to chat to your teacher about today?

Would you like to chat to your teacher?

Yes

No

FINISH

