Wellbeing Check-in

Name:	Date:					
Today I feel (circ	ele all that ap	ply):				
Mad/ Frustrated	Worried/Sad/Scared	Ok/Tired/ Bored	Happy/Calm	Excited/Silly		
My energy level	is (circle one):				
No energy	Barely any energy	Some	Good energy	Full of energy		
Last night my sle	ep was:					
1 did not sleep	Hard to fall asleep	Woke up a	Woke up a few times	Slept really well		
My ride/walk to	o school was:					
Not good	Ok	G	ood	Other:		
Did I have breakfas today? Yes No	ot Does r	my body feel o		eed to talk to an about anything?		
Do I feel ready to learn?		Anything else you want to share?:				
Yes No				The Behavior Bes		

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Yes No	Yes	s No	Yes	s No	
Do I feel ready to learn?	A	nything else	you want to	share?	
Yes No				The Behavior Bestie	