Wellbeing Check-in

Name: _____ Date: _____

Today I feel (circle all that apply):


Mad/ Frustrated

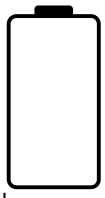

Worried/Sad /Scared

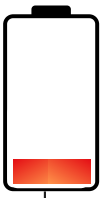

Ok/Tired/ Bored


Happy/Calm

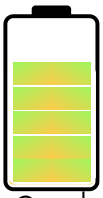

Excited/Silly

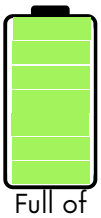
My energy level is (circle one):


No energy


Barely any energy


Some energy


Good energy


Full of energy

Last night my sleep was:

☐ I did not sleep

☐ Hard to fall asleep

☐ Woke up a lot

☐ Woke up a few times

☐ Slept really well

My ride/walk to school was:

☐ Not good

☐ Ok

☐ Good

☐ Other:

Did I have breakfast today?


Yes No

Does my body feel ok?


Yes No

Do I need to talk to an adult about anything?


Yes No

Do I feel ready to learn?


Yes No

Anything else you want to share?:

_____

_____

_____

Wellbeing Check-in

Name: _____ Date: _____

Today I feel (circle all that apply):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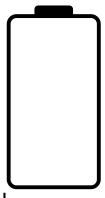
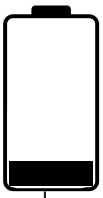
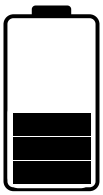
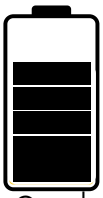
Excited/Silly

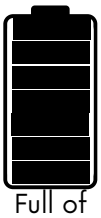
My energy level is (circle one):


No energy

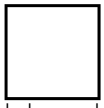

Barely any energy

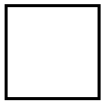

Some energy

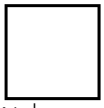

Good energy

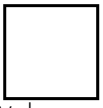

Full of energy

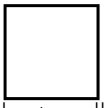
Last night my sleep was:


I did not sleep

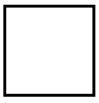

Hard to fall asleep

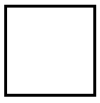

Woke up a lot

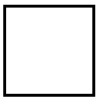

Woke up a few times

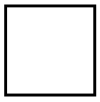

Slept really well

My ride/walk to school was:


Not good

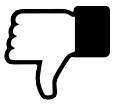

Ok


Good


Other:

Did I have breakfast today?


Yes


No

Does my body feel ok?


Yes


No

Do I need to talk to an adult about anything?


Yes


No

Do I feel ready to learn?


Yes


No

Anything else you want to share?

_____

_____

_____