

Feelings Log

Date: _____

Where were you?

- | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Gross Motor | <input type="checkbox"/> Speech |
| <input type="checkbox"/> Art | <input type="checkbox"/> Hall | <input type="checkbox"/> OT |
| <input type="checkbox"/> Life Skills | <input type="checkbox"/> Playground | <input type="checkbox"/> Sensory Room |
| <input type="checkbox"/> Music | <input type="checkbox"/> Bathroom | <input type="checkbox"/> Other: _____ |

Teacher prompt level: _____

What happened?

- Somebody teased me
- Someone took something of mine
- I did something wrong
- Somebody did something I didn't like
- I didn't understand something
- Other: _____



Teacher Comments:

Who was the other person?

Another student



Teacher



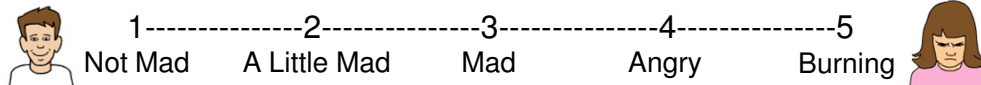
Other: _____

What did you do?

- | | | | |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Talked to a peer | <input type="checkbox"/> Talked to a teacher | <input type="checkbox"/> Ignored it | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Yelled | <input type="checkbox"/> Pounded | <input type="checkbox"/> Cried | _____ |
| <input type="checkbox"/> Walked away | <input type="checkbox"/> Broke something | <input type="checkbox"/> Asked for a break | _____ |

What I could have done differently: _____

How angry were you?



How did you handle yourself?



Visuals provided by VizZle™ (www.govizzle.com)