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

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Where did it happen?* Assembly
* Bathroom
* Café
* Classroom
* Hallway
* Playground
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | What Happened:­­­­­­­­­­­­­­­­­­­­­ | I was (feeling): |
| Before I went to SSR, my teacher tried:* Take-A- Break
* Visit Buddy Teacher
* Met with Me
* Helped Me Try Again
* Visit my We Connect Teacher

**Now I have to:**­­­­­­­­­­­­­­­­­­­­­ | I forgot to show:* PRIDE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* SAFETY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* SELF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | Next Time I Feel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I will:­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ |