

Feelings Check-In

NAME: _____

DATE: _____

HOW DO YOU FEEL ABOUT TODAY?



HOW ARE THINGS GOING AT HOME?



HOW ARE THINGS GOING AT SCHOOL?



HOW ARE THINGS GOING WITH YOUR FRIENDS?



WHAT WAS YOUR FAVORITE PART OF THE DAY?

WHAT WAS YOUR LEAST FAVORITE PART OF THE DAY?

WHAT ARE YOU THANKFUL FOR TODAY?

WHAT DO YOU LOOK FORWARD TO?
