



MY WORRY PLAN

NAME: _____

DATE: _____

THINGS THAT I LIKE AT SCHOOL:



**THESE THINGS MAKE ME FEEL
OVERWHELMED:**



**THINGS THAT I CAN DO
MYSELF WHEN I GET
OVERWHELMED:**



**THESE ARE THE PEOPLE I FEEL
SAFEST WITH:**



**THINGS THAT I LIKE TO HEAR
WHEN I AM AFRAID:**



**YOU
GOT
THIS!**

**THESE ARE THE THINGS I NOTICE IN MY BODY WHEN
I GET OVERWHELMED:**

