My Back-to-School Feelings & Support Plan

You may fill this out by yourself or with an adult. You do not have to answer every question.

Name: _____ Date: _____

1. How do you feel about going back to school?

☐ Excited	☐ Nervous	☐ Happy	☐ Worried
☐ Sad	☐ Angry	☐ Tired	☐ Hopeful

2. What is on your mind?

One thing I am looking forward to:	One thing I am worried about:

3. Things that may help me at school

☐ A quiet place	☐ Extra time
☐ One step at a time	☐ Written directions
☐ A movement break	☐ Sit near the teacher
☐ Warning before changes	☐ Talk to a trusted adult

4. My school support plan

An adult I can talk to:	A place I can go for a short break:
Adults may notice I need help when:	**The best way to help me is:**

5. One small goal for my first week

My goal is to: