







Name:

Date:

Beginning-of-Week Check-In

As your week begins, please complete the questions below to let me know how you're doing!

How are you feeling this week?			
 <input type="checkbox"/> I am ready to work!	 <input type="checkbox"/> I am happy!	 <input type="checkbox"/> I am sleepy.	 <input type="checkbox"/> I am upset.
 <input type="checkbox"/> I am silly!	 <input type="checkbox"/> I am sick.	 <input type="checkbox"/> I am sad.	

Do you have anything to tell me? This can be about school or life.

Were you able to find all of your work for the week?

Yes

No

How was your weekend?

Is there anything that you are worried about or have questions about?
