|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Rating** | **Looks/****Sounds like** | **What makes me feel this way** | **Feels like** | **I can Try** |
| 5 | Throwing Yelling Running | Loud crowded placesBeing yelled at | Out of ControlI need to get away | Take 5 long breaths: * breathe in count 4
* hold breathe count 4
* breathe out count 6

Go to my safe zoneShow an adult I’m at a 5 |
| 4 | UpsetWalking aroundLoud voiceThreaten others | Being told “no”Being touchedHomeworkHaving a substitute teacher | I might lose controlThis can really upset me | Go to a quiet placeGo for a walkSqueeze my hands togetherCount to 10 |
| 3 | Getting worriedTapping my fingers | Losing a gameFire drillsWritingMeeting new peopleHigh pitched voices | I don’t know what to doI feel nervous | Ask an adult for helpDoodle in my bookClose my eyes and rub my legs |
| 2 | I’m a little bit worriedI’m a bit upset | Stopping something I like to doReading | My tummy is a bit upsetThis bothers me | Take an activity breakSlow my breathingTell someone safe how I feel |
| 1 |  I’m calm Smiling Talking nicely | Walking outsidePlaying a gameFree time | I feel good | I’m ready to learn |

**My Stress Scale**

Name: