

My Warning Signs

Tick the ones that happen to you. Circle the one that comes first.

Name: _____

Date: _____

☐

Face feels hot

☐

Jaw and teeth tight

☐

Voice gets loud

☐

Heart beats harder

☐

Breathing gets fast

☐

Shoulders pull up tight

☐

Stomach feels tight

☐

Hands make fists

☐

Something else: _____

My first warning sign is:

Keep this where you can see it. Staff: add the student's tools from Week 3.

