

Calm Folder

Instructions:

1. Choose how you are feeling from the chart
2. Identify if you need to move, breathe or distract yourself
3. Choose a movement or breathing exercise to practice or use the “Name 5 things” tool or coloring pages to distract your mind
4. Use the “Think Sheet” to help you better understand what happened and what you can do

How Do I Feel?



happy



sad



angry



scared



shy



confident



surprised



ashamed



disgusted



exhausted



confused



bored

How Does My Body Feel?



Is my heart beating fast or slow ?



Are my shoulders tense or relaxed ?



Is my tummy turning or settled ?



Are my hands in fists tapping or relaxed ?



Are my legs/feet shaking or calm ?

What Do I Need?

Breathe and Relax

Figure 8 Breathing



Follow the lines of the "8" with your finger while breathing in and out. Repeat 4x

Rainbow Breathing



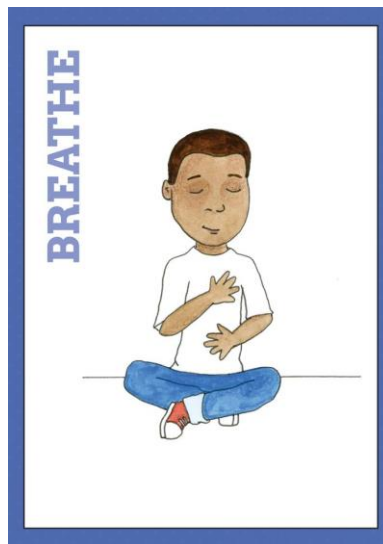
Reach your arms over your head like a rainbow as you breathe in and drop your arms back down like a rainbow as you breathe out. Repeat 4x

Hot Cocoa Breathing



Hold your hands in front of you as if you have a warm cup of hot cocoa. Breathe in through your nose as if you are smelling the hot cocoa and out through your mouth as if you are cooling it down. Repeat 4x

Heart Breathing



Place one hand on your heart and one on your belly, breathe in and out focusing on your heart 4 times.

Move the Energy Out

Stretch



Jumping Jacks



**Rock/Sway Back and Forth
or Side to Side**



March in Place



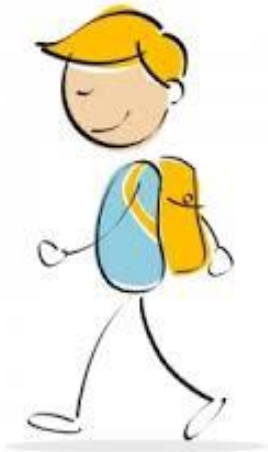
Twist



Butterfly Tapping



Take a Walk



Squeeze/Hug Something Soft



Distract the Mind

Name 5 things....

... in the room that are **red**

... in the room that are **soft**

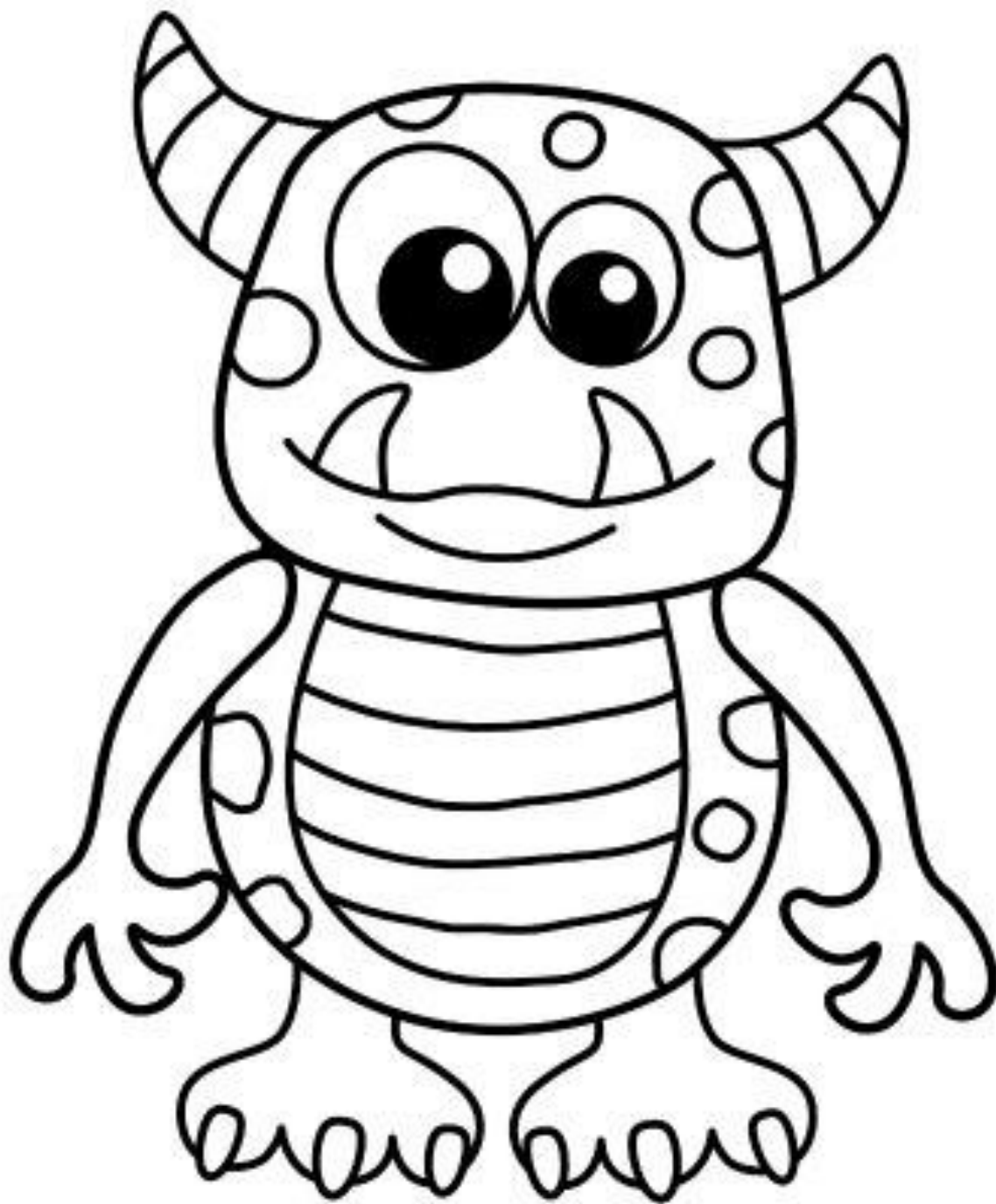
... in the room that you can **hear**

Name 5 types of **animals**

Name 5 types of **trees**

Name... 1 **thing** you can **hear**, 1 **thing** you
can **smell**, 1 **thing** you can **taste**, 1 **thing** you
can **touch** **right now**

Color/Draw





Think it Through

THINK SHEET

Name: _____ Date: _____

What were you feeling?

Sad 	Frustrated 	Confused 	Worried 	Angry 
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What happened? (Can be dictated to adult)

What did you want?

<input type="checkbox"/> Attention	<input type="checkbox"/> To cause a problem	<input type="checkbox"/> Control	<input type="checkbox"/> To get out of work
<input type="checkbox"/> Challenge a teacher	<input type="checkbox"/> To get even or revenge	<input type="checkbox"/> To talk to a teacher	<input type="checkbox"/> Other: _____

How did your behavior make other people feel?

<input type="checkbox"/> Happy	<input type="checkbox"/> Sad	<input type="checkbox"/> Confused	<input type="checkbox"/> Angry
<input type="checkbox"/> Scared	<input type="checkbox"/> Unsafe	<input type="checkbox"/> Worried	<input type="checkbox"/> Frustrated

Did you use a coping strategy? Yes or No? If Yes, which one? If No, which one could you have tried?

<input type="checkbox"/> Take 3 deep breaths	<input type="checkbox"/> Ignore	<input type="checkbox"/> Count backwards
<input type="checkbox"/> Move somewhere else	<input type="checkbox"/> Self-talk	<input type="checkbox"/> Do something else
<input type="checkbox"/> Think calm thoughts	<input type="checkbox"/> Talk to teacher	<input type="checkbox"/> Chill - Take a break

What do you need to do now to correct the problem?

<input type="checkbox"/> Apologize (say sorry)	<input type="checkbox"/> Clean up	<input type="checkbox"/> Complete work
<input type="checkbox"/> Make a plan	<input type="checkbox"/> Problem solve	<input type="checkbox"/> Do something nice

Adult Signature: _____ Date: _____

Time in: _____ Time out: _____