

Name: \_\_\_\_\_

# Wellness Morning Check-In

	Good	Okay	Not good
How did I sleep last night?			
Have I eaten enough?			
Have I had enough water?			
How was my night overall?			
How was my ride/walk to school?			
How was my morning overall?			
How am I feeling physically?			
How is my headspace?			
How am I feeling about myself as a person today?			
Adult interactions in the last 24 hrs.			
Peer interactions in the last 24 hrs.			









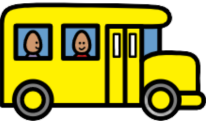


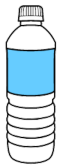







Comments:

I need to talk \_\_\_\_\_ I don't need to talk \_\_\_\_\_

# Wellness Morning Check-In

My sleep last night was...			
Did I eat dinner last night?			
How was my night overall?			
Did I eat breakfast?			
Have I had enough water?			
How was my ride/walk to school?			
How was my morning overall?			
Anything hurting?			
Is there anything you want to talk to an adult about?			
Do you feel ready to learn?			

# Wellness Morning Check-In

My sleep was...			
My dinner was...			
My breakfast was...			
My ride to school was...			
Have I had enough water?			
My body feels...			
My thoughts are...			
Am I ready to learn?	