| Self-Evaluation | Name: |
|-----------------|----------|
| | Teacher: |
| Self-Awareness | Date: |

Read each skill and write a check in the box that best identifies your ability.

| I can | Almost Always | Sometimes | Still Learning |
|------------------------------------|---------------|-----------|----------------|
| Identify my emotions. | | | |
| Recognize my strengths. | | | |
| Recognize my weaknesses. | | | |
| Be proud of my accomplishments. | | | |
| Stay motivated to complete a task. | | | |

| Graphic Organizer | Name: |
|-------------------|----------|
| | Teacher: |
| Self-Awareness | Date: |

Complete the graphic organizer after reading each article. Write the main idea under the article title and respond to the self-reflection.

| Article | Feelings | Who Am I? | Recognizing Strengths | Self-Confidence | Self-Efficacy |
|---------------------|--|-------------------------------|--------------------------|-------------------------------------|---|
| The Main Idea | Example: Students in Ms. Lee's class experienced a wide range of emotions when Adam's caterpillar went missing in the classroom. | | | | |
| Self- Reflection | What emotions did you feel today and why? | How do you perceive yourself? | What are your strengths? | When do you feel most confident? | Describe a time you struggled but didn't give up. |
| | | | | | |

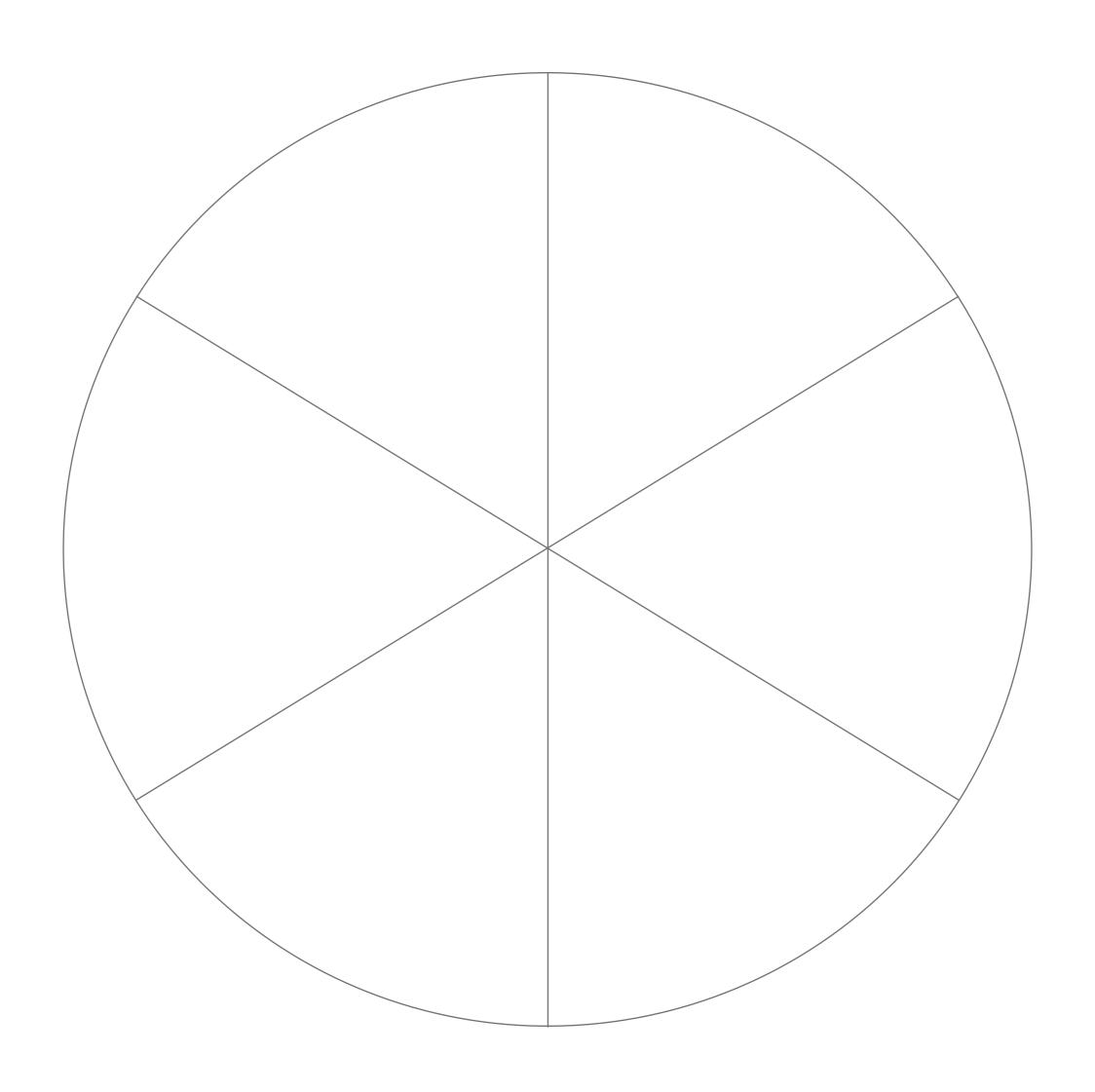
| Paragraph Response | Name: |
|--|-------|
| Self-Awareness | Date: |
| hy do you think self-awareness is important? | |
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Name: **Self-Reflection** Teacher: _ Self-Awareness | Feelings Date: What emotions do you see below? What emotions did you feel today?

| My Emotion Wheel: Graphic Organizer | Name: |
|--|--|
| Self-Awareness Feelings | Teacher: Date: |
| at are some feelings you felt today? Write or draw | v about them in the boxes below: |
| | |
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| - L | |
| at are some feelings you feel on other days? Write | e or draw about them in the boxes below: |
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| My Emotion Wheel: Design Your Own | Name: |
|-----------------------------------|----------|
| | Teacher: |
| Self-Awareness Feelings | Nate: |

Use your graphic organizer to design your own emotion wheel! Label each section with a feeling, then add words or drawings to explain more about these feelings!



| An Emotional Moment: Explore | Name: |
|---|---|
| Self-Awareness Feelings | Date: |
| nagine a scenario in your classroom that could cau out it below: | use a wide variety of emotions. Write or draw |
| | |
| | |
| | |
| | |
| | |
| w would each student react to your scenario? Wi | rite about or draw their reaction: |
| A happy student | A sad student |
| | |
| An angry student | A scared student |
| | |
| | |
| | |
| | |
| | |

| An Emotional Moment: Roleplay | Name: |
|--|-------|
| Self-Awareness Feelings | Date: |
| groups, roleplay an emotional moment that one of your aw about how it went in the box below: | |
| | |
| | |
| | |
| | |
| Vhat emotion did you play? (Answer below) | |
| What did it feel like to play your emotion? How did you shoody and brain? What's something unexpected that happed the box below: | |
| | |
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| Self-Reflection | | | | Name: | |
|----------------------|---------------------|--------------|----------------|-------------------------|-------------|
| Self-Awareness | Who Am I? | | | - Teacner: - Date: - | |
| Review the characte | er traits below. | | | | |
| Advent | curous | Brave | Artistic | C | Careful |
| Calm | Cheerful | | Friendly | Caring | |
| Consid | lerate | Honest | Respectful | ſ | Dependable |
| Patient | Responsible | С | ourageous | Funny | |
| Sh | ny | Quiet | Energetic | н | ard-working |
| What traits describe | e your character? | | | | |
| Describe a time who | en you displayed on | e of the cha | racter traits. | | |
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| Self-Portrait | Name: |
|----------------------------|----------|
| | Teacher: |
| Self-Awareness Who Am I? | Date: |

Draw yourself in the frame below.

| Self-Reflection | Name: |
|--|----------|
| | Teacher: |
| Self-Awareness Recognizing Strengths | Date: |

Growth Mindset

Instead of...

- This is the best I can do.
- I give up.
- This is good enough.
- This is too hard.

Try thinking...

- I can always do better.
- I will try it a different way.
- Is this my best work?
- This might take some time.

| One goal you have for this school year: |
|--|
| |
| List three things you can do to achieve this goal. |
| |
| 1. |
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| 2. |
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| 3. |
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| Self-Reflection | Name: |
|---|-----------|
| Sell-Reflection | Teacher: |
| Self-Awareness Recognizing Strengths | Date: |
| | Date |
| | |
| | |
| What will happen if you make a mistake trying to achieve yo | our goal? |
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| Recognizing My Strengths: Graphic Organizer | Name: |
|---|-------|
| Self-Awareness Recognizing Strengths | Date: |

Explore your strengths by writing or drawing about them in the chart below:

| A strength I have is | A time I used this strength was |
|----------------------|---------------------------------|
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| Recognizing My Strengths: Mood Board | Name: |
|---|-------|
| Self-Awareness Recognizing Strengths | Date: |
| Jsing your graphic organizer, create a mood board about your drawings, collage anything that represents your strengths an | |
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| My Monthly Goal: Graphic Organizer | Name: |
|--|--------------------------------------|
| Self-Awareness Recognizing Strengths | Date: |
| What are some of your strengths? List them below: | |
| | |
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| Using one or more of your strengths, what's a goal you want about it in the box below: | to achieve this month? Write or draw |
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| | |
| What's something you can do every day to work toward you | ır goal? |
| What date will your goal be completed? | |
| | |
| | |

| My Monthly Goal: Peer Review | Name: |
|--|--|
| Self-Awareness Recognizing Strengths | —————————————————————————————————————— |
| Jen Awareness Recognizing Strengths | Date: |
| at do you think about your partner's goal? Do you think tl you have any advice for them? | hey can achieve it? Why or why not? |
| | |
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| at does your partner think about your goal? Do you agree at adjustments are you going to make to your goal? | e with your partner? Why or why not? |
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| Self-Reflection | Name: |
|--|-------|
| Self-Awareness Self-Confidence | Date: |
| Draw three things that you are good at in the boxes below. | |
| 1. | |
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| 2. | |
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| 3. | |
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| I Was Afraid, But Then | Name: |
|----------------------------------|---|
| Self-Awareness Self-Confidence | Date: |
| w or write in the boxes below: | |
| I used to be afraid to do this | but now it's one of my strengths! |
| | |
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| | |
| Now I'm afraid to do this | but it could become one of my strengths |
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| Confidence Boosters | Name: |
|--|-------------------------------------|
| Self-Awareness Self-Confidence | Date: |
| /rite or draw in the boxes below: | |
| Something I like about my brain | Something I like about my body |
| | |
| Something I know how to do really well | Something I want to learn how to do |
| | |
| A goal I achieved this year | I feel supported by this person |
| | |

| Self-Reflection | Name: |
|--------------------------------|----------|
| | Teacher: |
| Self-Awareness Self-Efficacy | Date: |

Think about a time you did something wrong or made a mistake.

| Reflect | Respond |
|-----------------------------|---------|
| What was the mistake? | |
| What caused the mistake? | |
| How could you fix it? | |
| What did you learn from it? | |



Did you know that the chocolate chip cookie was invented by mistake?

| I Want To Try | Name: |
|--------------------------------|----------|
| | Teacher: |
| Self-Awareness Self-Efficacy | Date: |
| | Date |

Draw or write in the boxes below:

| Something I want to achieve is | The first step I'll take toward my goal is |
|---|--|
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| | |
| The second step I'll take toward my goal is | A possible mistake I'll make is |
| The second step I'll take toward my goal is | A possible mistake I'll make is |
| The second step I'll take toward my goal is | A possible mistake I'll make is |
| The second step I'll take toward my goal is | A possible mistake I'll make is |
| The second step I'll take toward my goal is | A possible mistake I'll make is |
| The second step I'll take toward my goal is | A possible mistake I'll make is |

| Learning From My Mistakes | Name: |
|--|-----------------------------|
| Self-Awareness Self-Efficacy | Date: |
| nat's a goal you're working towards? Write or draw a | about it in the box below: |
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| | |
| Here's one mistake I made so far | and here's how I fixed it! |
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| Here's a mistake I might make soon | and here's how I'll fix it! |
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