



Self-Evaluation

Self-Management

Name: _____

Teacher: _____

Date: _____

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

I can...	Almost Always	Sometimes	Still Learning
Control my impulses.			
Manage my stress.			
Stay on task.			
Set goals.			
Stay organized.			

Graphic Organizer

Self-Management

Name: _____

Teacher: _____

Date: _____

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

Article	Impulse Control	Stress Management	Self-Discipline	Goal Setting and Motivation	All About Organization
The Main Idea					
Self-Reflection	What do you do to feel calm?	What makes you feel stressed?	How do you stay on task?	What is one of your goals?	How do you stay organized?



Paragraph Response

Self-Management

Name: _____

Teacher: _____

Date: _____

Why do you think self-management is important?


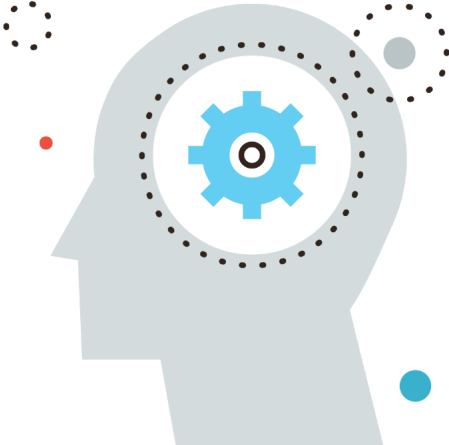

Self-Reflection

Self-Management | Impulse Control

Name:

Teacher:

Date:

Stop	Think	Do
		

Describe a time when you were upset. Why were you upset?

How did you respond?

Would you respond differently now?

Breathing Square

Self-Management | Impulse Control

Name: _____

Teacher: _____

Date: _____

Use the square below to practice a calm breathing technique:



Our Class Impulses

Self-Management | Impulse Control

Name: _____

Teacher: _____

Date: _____

First, discuss the kinds of disruptive impulses you’ve see in your classroom (yelling, fighting, etc.) Then, use this chart to brainstorm solutions! What can you and your classmates do to help manage their impulses? How can your classroom environment be changed to make impulse control easier? Write or draw in the boxes below.

Disruptive Impulse	New Behavior or Classroom Solution



Self-Reflection

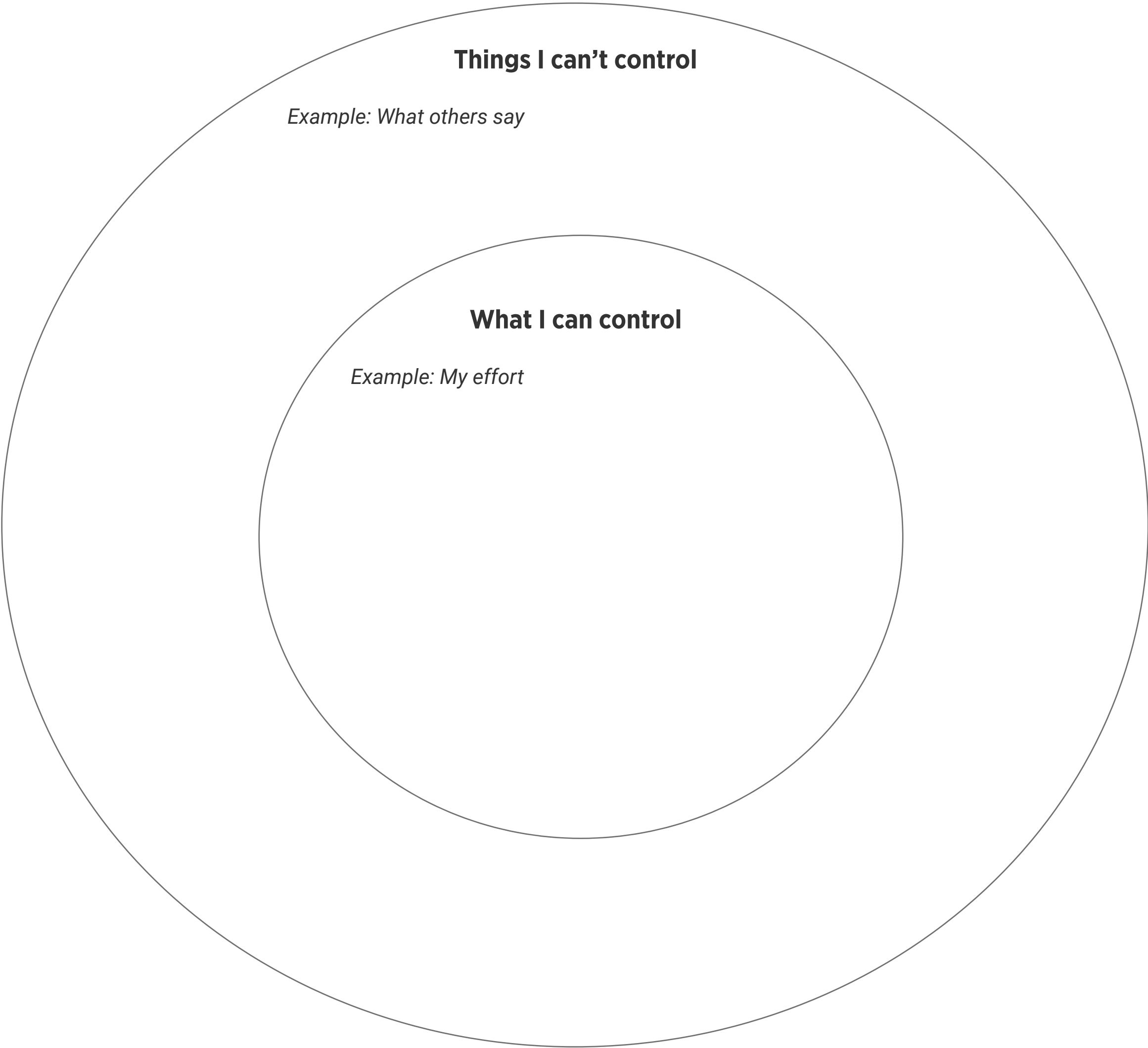
Self-Management | Stress Management

Name: _____

Teacher: _____

Date: _____

Add things that you can or can't control in the circles below.





When I’m Stressed: Causes

Self-Management | Stress Management

Name: _____

Teacher: _____

Date: _____

Write or draw in the boxes below.

This stressed me out last year...

...and this might stress me out next year!

**I’m more stressed about this than
my friends are...**

**...and my friends are more stressed about
this than I am!**

This is making me feel stress today...

...and this is what I can do to feel better!



When I'm Stressed: Effects

Self-Management | Stress Management

Name: _____

Teacher: _____

Date: _____

Talk to a friend about how stress makes you feel. Then, write or draw in the boxes below.

This is how stress feels in my body...

This is how stress feels in my friend's body...

**This is how stress feels in my mind
and my thoughts...**

**This is how stress feels in my friend's mind
and thoughts...**

**These are the feelings I have
when I'm stressed...**

**These are the feelings my friend has
when they're stressed...**

My Healthy Coping Toolkit

Self-Management | Stress Management

Name: _____

Teacher: _____

Date: _____

Think about the healthy ways you cope with stress. Then, write or draw about them below.

An active way I cope with stress...

(ex. exercise, movement, active games)

A social way I cope with stress...

(ex. talking to friends, family members)

A relaxing way I cope with stress...

(ex. anything that relaxes your body/mind)

A creative way I cope with stress...

(ex. art, writing, building, playing music)

Self-Reflection

Self-Management | Self-Discipline

Name:

Teacher:

Date:

Write or draw your morning routine below.

1

2

3

4

5

6

Brain Breaks: Personal Deck

Self-Management | Self-Discipline

Name:

Teacher:

Date:

Design your own personal deck of quick activities to try next time you need a brain break, like a favorite breathing exercise, dance break, or fidget toy! Write or draw some of your favorite brain breaks on the cards below, then cut them out.

My Brain Break

My Brain Break

My Brain Break

My Brain Break

My Brain Break

My Brain Break



Visual Schedules: My Day

Self-Management | Self-Discipline

Name: _____

Teacher: _____

Date: _____

Practice making a visual schedule below by drawing the activities you’re going to do tomorrow.

Morning

Afternoon

Evening

Night

Visual Schedules: My Week

Self-Management | Self-Discipline

Name:

Teacher:

Date:

Practice making a visual schedule below by drawing the activities you’re going to do next week.

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Self-Reflection

Self-Management | Goal Setting and Self-Motivation

Name: _____

Teacher: _____

Date: _____

In the box below, write about your goal and how you can achieve it.

Goal: _____

Why is this goal important to you?

Steps to achieve this goal:

1. _____
2. _____
3. _____
4. _____

Steps To My Goal

Self-Management | Goal Setting and Motivation

Name: _____

Teacher: _____

Date: _____

What’s a goal you want to achieve this month? Write or draw about it in the box below.

What are the steps you’ll need to take to complete your goal? Write or draw them below.

Step 1

Step 2

Step 3

Step 4

Step 5

Step 6

What date will your goal be completed? Write your answer below.

Serving My Community

Self-Management | Goal Setting and Motivation

Name:

Teacher:

Date:

What are some skills and hobbies you have? Write or draw about them in the boxes below.

Skill/Hobby 1

Skill/Hobby 2

Skill/Hobby 3

What are some projects you'd like to help with in your community? Write or draw about them below.

Project 1

Project 2

Project 3

Imagine using your skills and hobbies to help with one of the above community projects. How can you participate? What can you contribute? Draw or write about your idea below.



Self-Reflection

Self-Management | All About Organization

Name: _____

Teacher: _____

Date: _____

What is something you would like to organize?

In the box below, draw how you would like it to be organized.



Let's Get Organized: My Real Space

Self-Management | All About Organization

Name: _____

Teacher: _____

Date: _____

Pick a space in your life that you'd like to organize (a backpack, a desk, a room, a shelf, etc.) and write or draw about it below. Make sure you describe or draw how it looks now!

What are some ways you can organize the space you chose? Write or draw your ideas below.

Idea 1	Idea 2	Idea 3

When you finish organizing your space, what will it look like? Try to imagine it. Then, describe or draw your organized space in the box below.



Let's Get Organized: My Dream Space

Self-Management | All About Organization

Name: _____

Teacher: _____

Date: _____

Pick a space you want to have in the future (a new home, a new bedroom, an office, an art studio, a gym, a locker, etc.) and write or draw about it in the box below.

What are some items that you'll want to put in your future space? List them below.

What will your future space look like after you add the above items? How will you organize them? Describe or draw your plan in the box below.

Next Week’s Schedule: Reality

Self-Management | All About Organization

Name:

Teacher:

Date:

What are you doing next week? List your answers below.

When are you doing the above activities? Create your schedule by writing or drawing next week’s activities in the boxes below.

Monday

Tuesday

Wednesday

Thursday

Friday

Weekend

Next Week’s Schedule: Imaginary

Self-Management | All About Organization

Name: _____

Teacher: _____

Date: _____

Imagine a fantasy week where anything is possible. What would you like to do? List your answers below.

How would you schedule your imaginary week to fit in all the activities you listed above? Create your schedule by writing or drawing your activities in the boxes below.

Monday

Tuesday

Wednesday

Thursday

Friday

Weekend