NAME: DATE:

|  |  |
| --- | --- |
| **Time of Day:** | **I am in this zone:** |
| 8:15 - Morning |  |
| 10:00 - Before Specials |  |
| 11:00 - After Specials |  |
| 12:00 - Before Lunch |  |
| 1:15 - After Lunch |  |
| 2:15 - Fourth Period |  |
| 3:00 - End of Day |  |

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**WHAT CAN I DO?**

**MENU OF “COOL DOWN” OPTIONS**

|  |  |
| --- | --- |
| **Sensory Tools** | **Calming Strategies** |
| Wall Push-UpsCarrying Heavy BooksHeadphonesPlay DoughStress BallColoring/DrawingFidget Toys (If Available)Sensory Bottles (If Available)Lotion/Hand Sanitizer  | Six Sides of BreathingLazy 8 Breathing Calming Sequence Count to 10 |