Restart and Renew

2C: Check-in and Coping
Elementary Student Handouts

Fall 2021

Funded by the Connecticut Department of Children and Families

# My Well-Being Check-In

How has **your daily life** been impacted during COVID:

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>A little</th>
<th>A lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Body health (sleep, my physical activity, nutrition, illness)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feelings</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What effects did it have on your school life, your body health, and how you felt:

____________________________________________________________________
____________________________________________________________________

How has **your family** been affected during COVID:

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>A little</th>
<th>A lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family jobs or work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food or meals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Place to live</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family members body health (sleep, physical activity, eating, sickness)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feelings</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What effects did it have on your family:

____________________________________________________________________
____________________________________________________________________

*Compared to before COVID, I am:*

__ more worried
__ less worried
__ about the same

*Compared to before COVID, I am:*

__ more sad
__ less sad
__ about the same
My Journey Through COVID

These can be read aloud, and students may volunteer to complete the following sentences:

School during COVID for me has been _________________________________________________
My friendships during COVID have been _______________________________________________
During COVID, my well-being has _____________________________________________________
The hardest part during COVID has been ______________________________________________
The biggest change during COVID for my family has been _________________________________
During COVID, my playing with others has been _________________________________________
The best thing that I learned about myself during COVID is _______________________________
The worst thing that I learned about myself during COVID is _______________________________
The thing that surprised me the most during COVID is _________________________________
During COVID, I have made myself feel better by _________________________________________
During COVID, helpful ways to deal with things that were different included ___________________
During COVID, I learned that I enjoyed _________________________________________________
During COVID, I knew that I could count on/trust _________________________________________
The advice I would give to a younger student on how to deal with COVID is ___________________

How are things different for you now than before COVID?

What’s going well? What’s better?
______________________________________________________
______________________________________________________
______________________________________________________

What’s not going well? What’s worse?
______________________________________________________
______________________________________________________
______________________________________________________

How are others around you doing such as your family, your friends, and people who live around you?
______________________________________________________
______________________________________________________
______________________________________________________
My Inside Strengths

My strengths are:

______________________________
______________________________
______________________________
______________________________
______________________________
______________________________
______________________________
______________________________

Some strengths to consider:

<table>
<thead>
<tr>
<th>Patient</th>
<th>Good listener</th>
<th>Funny</th>
<th>Dependable</th>
<th>Hardworking</th>
<th>Adventurous</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kind</td>
<td>Honest</td>
<td>Good Friend</td>
<td>Calm</td>
<td>Thoughtful</td>
<td>Funny</td>
</tr>
<tr>
<td>Sporty</td>
<td>Artistic</td>
<td>Fun</td>
<td>Helpful</td>
<td>Caring</td>
<td>Creative</td>
</tr>
<tr>
<td>Giving</td>
<td>Brave</td>
<td>Confident</td>
<td>Cheerful</td>
<td>Polite</td>
<td>Focused</td>
</tr>
<tr>
<td>Problem-Solver</td>
<td>Understanding</td>
<td>Smart</td>
<td>Curious</td>
<td>Enthusiastic</td>
<td>Athletic</td>
</tr>
<tr>
<td>Easy-Going</td>
<td>Loyal</td>
<td>Intelligent</td>
<td>Respectful</td>
<td>Peacemaker</td>
<td>Outgoing</td>
</tr>
</tbody>
</table>
My Outside Supports (Example)

Use the prompts to list your outside supports inside the circle.

Prompts:

- One adult in my community I feel safe with and trust is ...
- One adult in my school I feel safe with and trust is ....
- One person in my family I feel safe with and trust is ...
- One friend I feel safe with and trust is ...
- One place I go to in my community to feel safe is ...
- One place I go to in school to feel safe is...

One adult in my community I feel safe with and trust is my soccer coach.

One adult in my school I feel safe with and trust is my math teacher.

One person in my family I feel safe with and trust is my mom.

One friend I feel safe with and trust is my friend Josie.

One place I go to in my community to feel safe is the park.

One place I go to in school to feel safe is the counselor’s office.
My Outside Supports

Use the prompts to list your outside supports inside the circle.

Prompts:

- One adult in my community I feel safe with and trust is ...
- One adult in my school I feel safe with and trust is ....
- One person in my family I feel safe with and trust is ...
- One friend I feel safe with and trust is ...
- One place I go to in my community to feel safe is ...
- One place I go to in school to feel safe is...

One adult in my community I feel safe with and trust is __________.

One adult in my school I feel safe with and trust is __________.

One person in my family I feel safe with and trust is __________.

One friend I feel safe with and trust is __________.

One place I go to in my community to feel safe is __________.

One place I go to in school to feel safe is __________.
My Routine and Fun Activities

**ROUTINES**

**Sleep**
Sleep on Weekdays
Sleep on Weekends
Bed Time: Bed Time:
Waking Time: Waking Time:

I would like to have:
- More sleep
- Less sleep
- Stay the same
- Make my sleep better (e.g., fall asleep easier, or not wake up in the middle of the night)

**Meals**
I need:
- To eat more
- To eat less
- Eat foods that are good for me
- Have a more regular eating schedule
- Eat fewer snacks
- Have regular meals with friends
- Have regular meals with family

**Physical Activity/Play**
I need:
- More physical activity/play time
- Less physical activity/play time
- The same amount of physical activity/play
- More options for physical activity/play
- More challenging physical activity/play (like new sports, jumping rope, pushups)
- More enjoyable physical activity/play (things you would like to be able to do but can’t do right now or haven’t done before)

**Be with Friends (Social Activity)**
I need:
- More time with friends
- Less time with friends
- To find new friends
- More things I can do with others
- More fun things to do with others
- Keep friends and social activities the same

**Personal (“Me”) Time**
I need:
- More personal time
- Less personal time
- Ideas for how to spend personal time
- The same personal time
**School**

I need:
- To keep up with my books, papers, pencils, and things
- To do my homework better
- To get to school on time
- To get more excited about going to school
- To pay more attention during classes
- To be less distracted by other things when I am at school
- To read, write, or do more math problems when I’m at home
- To do less reading, writing, or math when I’m at home
- To worry less about school
- To go to school more
- To do what I am doing now

**FUN ACTIVITIES**

I would like to do more of the following:
- Listening to music
- Hanging out with friends
- Reading
- Sports
- Walking
- Biking
- Drawing/Art
- Playing games
- Spending time with family
- Cooking
- Volunteering
- Other ______________________
- Other ______________________

Based on your responses above, identify one routine and one fun activity to improve or increase:

**Goals for improvement:**

One Routine to improve:
___________________________________________________________

___________________________________________________________

One Fun Activity to increase:
___________________________________________________________

___________________________________________________________