

Restart and Renew

2C: Check-in and Coping
Secondary Students Handouts



Fall 2021

Funded by the Connecticut Department of Children and Families

Recommended citation: Hoover, S., Bostic, J., & Lever, N. (2021). Restart and Renew: Strategies for school mental health clinicians to support student and staff well-being and connection. National Center for School Mental Health.



My Well-Being Check-in

(On a scale of 1-10 where 1 = “has not impacted at all” and 10 = “has majorly impacted”)

The extent to which my **daily life** has been impacted during COVID with respect to:

	No impact ----->	Major impact
School	0 1 2 3 4 5 6 7 8 9 10	
Physical health (including sleep, physical activity, nutrition, illness)	0 1 2 3 4 5 6 7 8 9 10	
Mental health	0 1 2 3 4 5 6 7 8 9 10	

Describe impact: _____

The extent to which **my family** has been impacted during COVID with respect to:

	No impact ----->	Major impact
School	0 1 2 3 4 5 6 7 8 9 10	
Economics (job, food, housing)	0 1 2 3 4 5 6 7 8 9 10	
Physical health (including sleep, physical activity, nutrition, illness)	0 1 2 3 4 5 6 7 8 9 10	
Mental health	0 1 2 3 4 5 6 7 8 9 10	

Describe impact: _____

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

Please finish the following sentences:

School during COVID has been _____

Friendships during COVID have been _____

During COVID, my well-being has _____

The greatest challenge and benefit during COVID have been _____

The biggest change during COVID for my family has been _____

During COVID, my activity level and social life have been _____

The best thing that I discovered about myself during COVID is _____

The worst thing that I discovered about myself during COVID is _____

The thing that surprised me the most during COVID is _____

During COVID, I have dealt with stress by _____

During COVID, helpful ways to cope with stress included _____

During COVID, I learned that I enjoyed _____

During COVID, I knew that I could count on _____

The advice I would give to a younger student on how to cope 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 in your community?



My Inside Strengths



My strengths are:

Some strengths to consider:

Patient	Good listener	Funny	Dependable	Hardworking	Adventurous
Kind	Honest	Good Friend	Calm	Thoughtful	Funny
Sporty	Artistic	Fun	Helpful	Caring	Creative
Giving	Brave	Confident	Cheerful	Polite	Focused
Problem-Solver	Understanding	Smart	Curious	Enthusiastic	Athletic
Easy-Going	Loyal	Intelligent	Respectful	Peacemaker	Outgoing

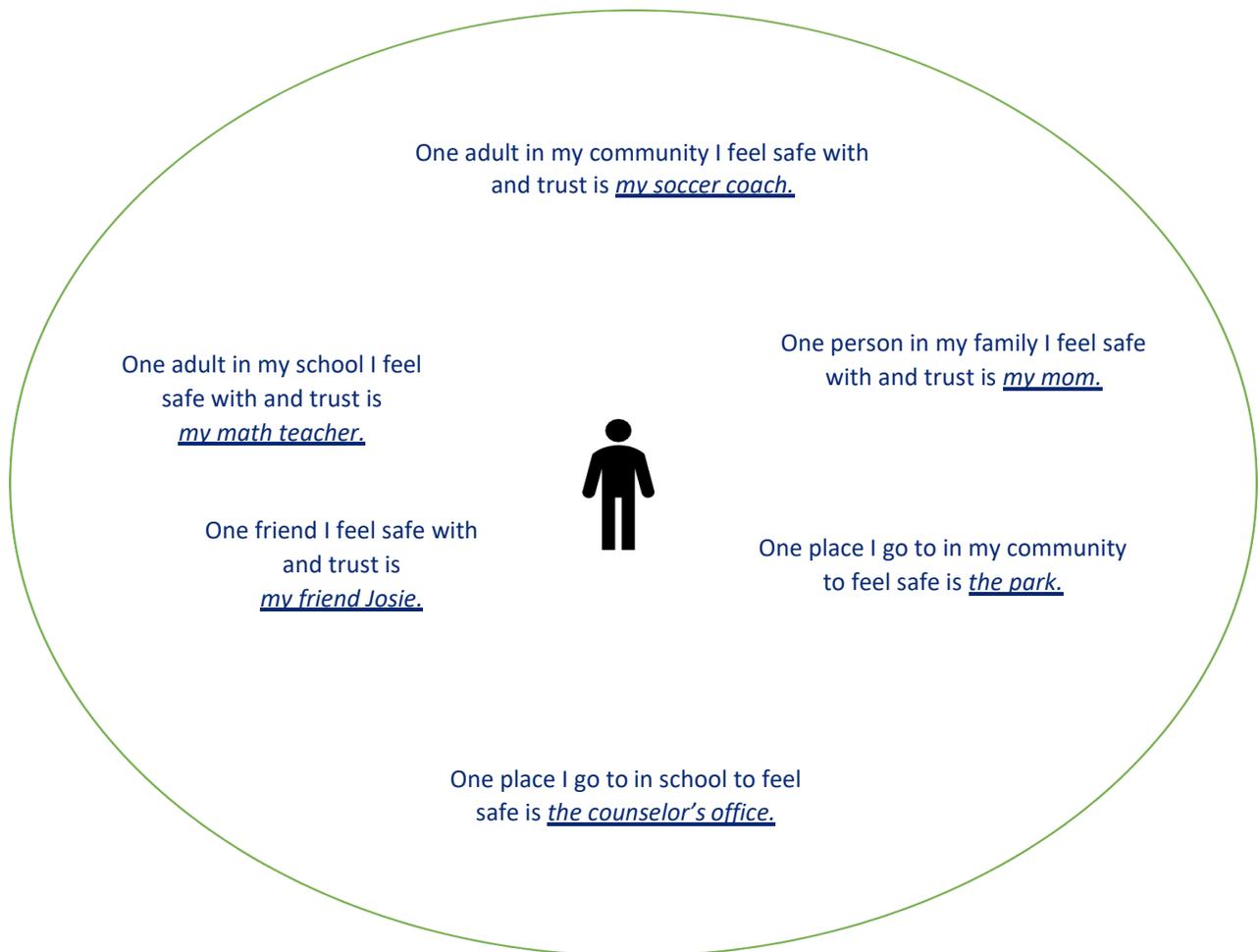


My Outside Supports (Example)

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...





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

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

One place I go to in school to feel safe is _____.



My Routines and Enjoyable Activities

ROUTINES

Sleep

Sleep on Weekdays

Bed Time:

Waking Time:

Sleep on Weekends

Bed Time:

Waking Time:

I would like to have:

- More sleep
- Less sleep
- Stay the same
- Improve the quality of my sleep (e.g., fall asleep easier, not wake up in the middle of the night)

Meals

I need:

- To eat more
- To eat less
- Eat healthier
- Have a more regular eating schedule
- Eat fewer snacks
- Have regular meals with friends
- Have regular meals with family

Physical Activity

I need:

- More physical activity time
- Less physical activity time
- The same amount of physical activity
- More options for physical activity
- More challenging physical activity
- More enjoyable physical activity

Social Activity

I need:

- More social activity time
- Less social activity time
- To find a new or expand my current social group
- More options for social activity
- More enjoyable social activity
- The same social activity

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 be more organized
- To do my homework better
- To get to school or class on time
- To stay motivated
- To pay more attention
- To be more involved in activities
- To study more
- To study less
- To be less distracted
- To worry less about school
- To improve my attendance
- To do what I am doing now

ENJOYABLE 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 enjoyable activity to improve or increase:

Goals for improvement:

One **Routine** to improve:

One **Enjoyable Activity** to increase:
