Restart and Renew

2C: Check-in and Coping Elementary Student 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.

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

	Not	Α	A lot
	at all	little	7 101
School			
Body health (sleep, my physical activity, nutrition, illness)			
Feelings			

Body health (sleep, my physical activity, nutrition, illness)		ļ	
Feelings			
What effects did it have on your school life, your body health,	and how	you felt	:
How has your family been affected during COVID:			
	Not at all	A little	A lot
School			
Family jobs or work			
Food or meals			
Place to live			
Family members body health (sleep, physical activity, eating, sickness)			
Feelings			
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



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?
M/hat/a gaing wall? M/hat/a hattar?
What's going well? What's better?
What's not going well? What's worse?
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-
How are others around you doing such as your family, your friends, and people who live around you?

	Му	Inside	Strengths
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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



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



One person in my family I feel safe with and trust is <u>my mom.</u>

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 command trust is	nunity I feel safe with
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 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
- o Make my sleep better (e.g., fall asleep easier, or not wake up in the middle of the night)

Meals

I need:

- o To eat more
- To eat less
- o Eat foods that are good for me
- o 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
- o To find new friends
- More things I can do with others
- More fun things to do with others
- o 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

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- o To keep up with my books, papers, pencils, and things
- o To do my homework better
- o 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
- o To read, write, or do more math problems when I'm at home
- o To do less reading, writing, or math when I'm at home
- To worry less about school
- o To go to school more
- o To do what I am doing now

FUN ACTIVITIES

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

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\sim	Other		
\circ	Other		

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

Goals for improvement:		
One Routine to improve:		
One Fun Activity to increase:		