

Name: _____

What Is In My Control



Directions: Fill out the worksheet below.

Things I can control.

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

Things I can't control.

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

Calming strategies I can use when I get upset.

1. _____

People I can talk to when I need help to solve a problem.

1. _____

2. _____

2. _____

3. _____

3. _____

List three positive ways you can respond when something happens out of your control.

1. _____

2. _____

3. _____

