

size of the problem

Sometimes things happen that make us feel upset. It can be helpful to take a step back and ask if it's an emergency or just a hiccup. All feelings about these problems are okay; if you need help, you can always ask for help.

Smoke, fire, flood, blood, broken bones, guns, knives, drugs.

emergency

This needs an adult and a professional (doctor, EMS, firefighter, police officer).

Broken glass/furniture, physical/verbal violence, bathroom drama, feeling unsafe.

problem

This requires an adult (parent, teacher, caregiver).

Minor bullying, missing work, cursing, issue involving another person or pet.

concern

This can be handled by you, but you should inform an adult of what happened.

Cutting in line, tearing a paper, making a mistake, losing something.

glitch

This can be handled by you and your peers (friends, teammates, classmates).

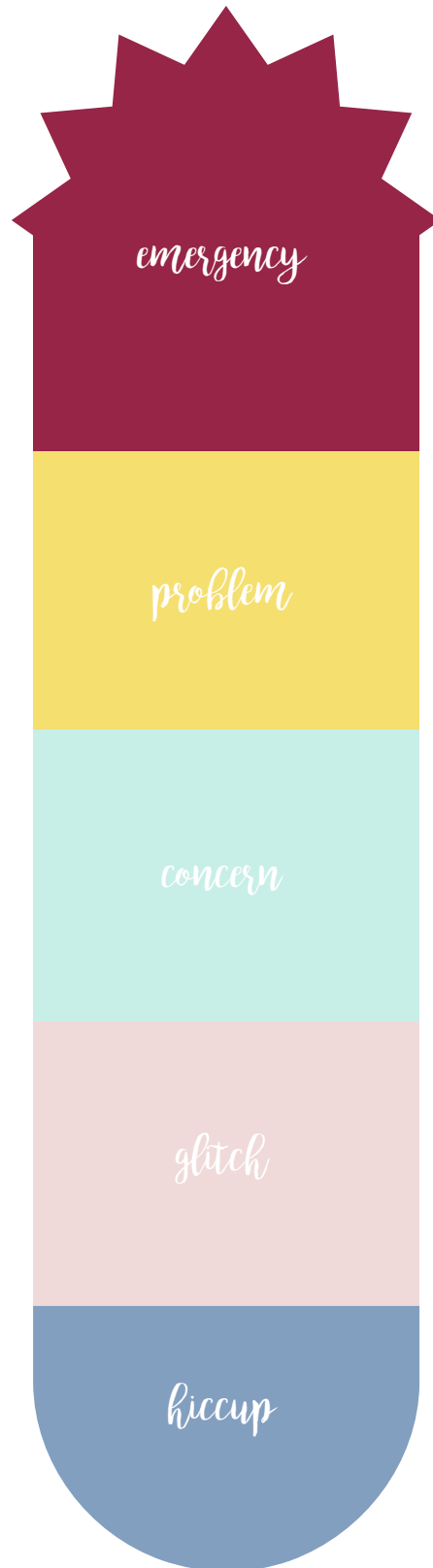
Dropping a pencil, spilling a drink, getting water on your clothes.

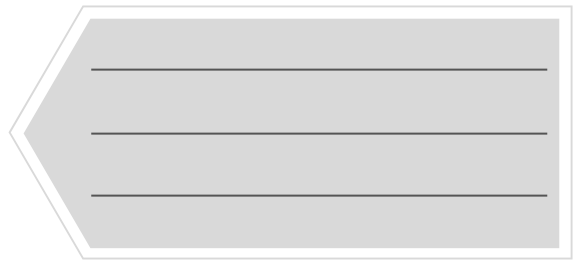
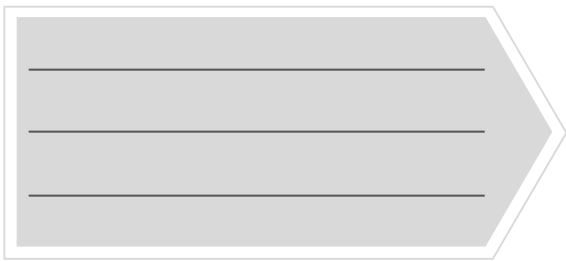
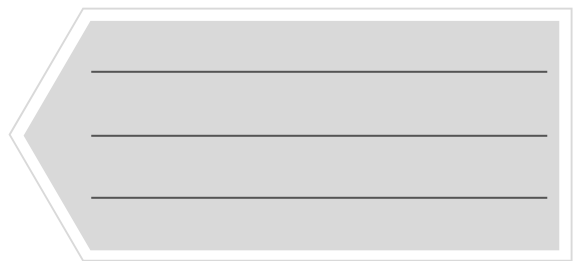
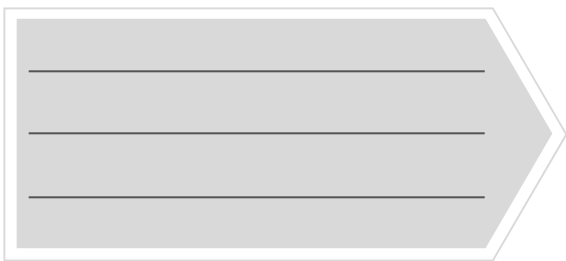
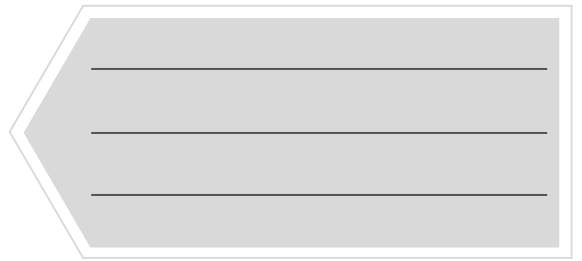
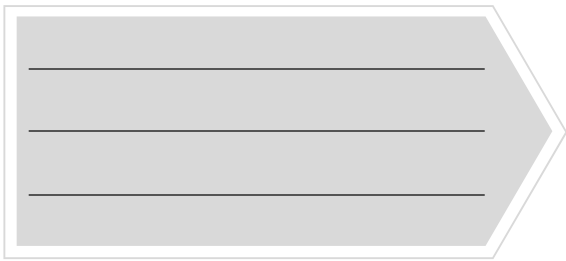
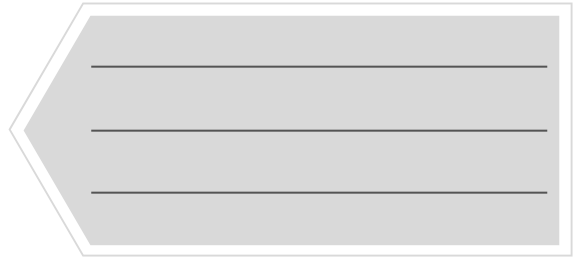
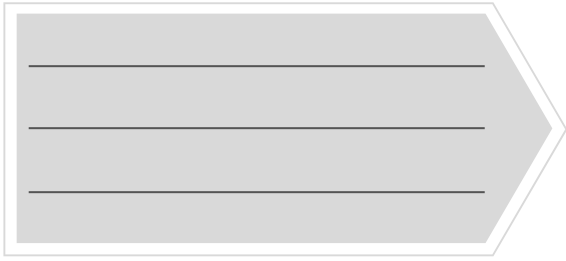
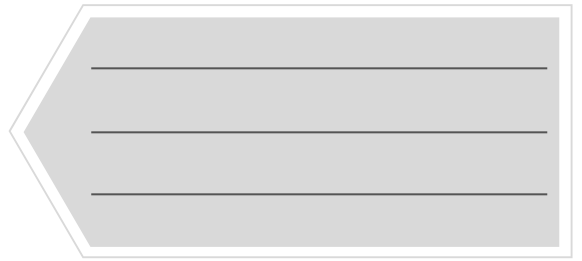
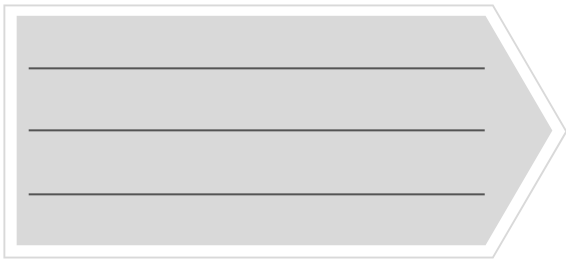
hiccup

This can be handled by yourself.

size of reaction to problem

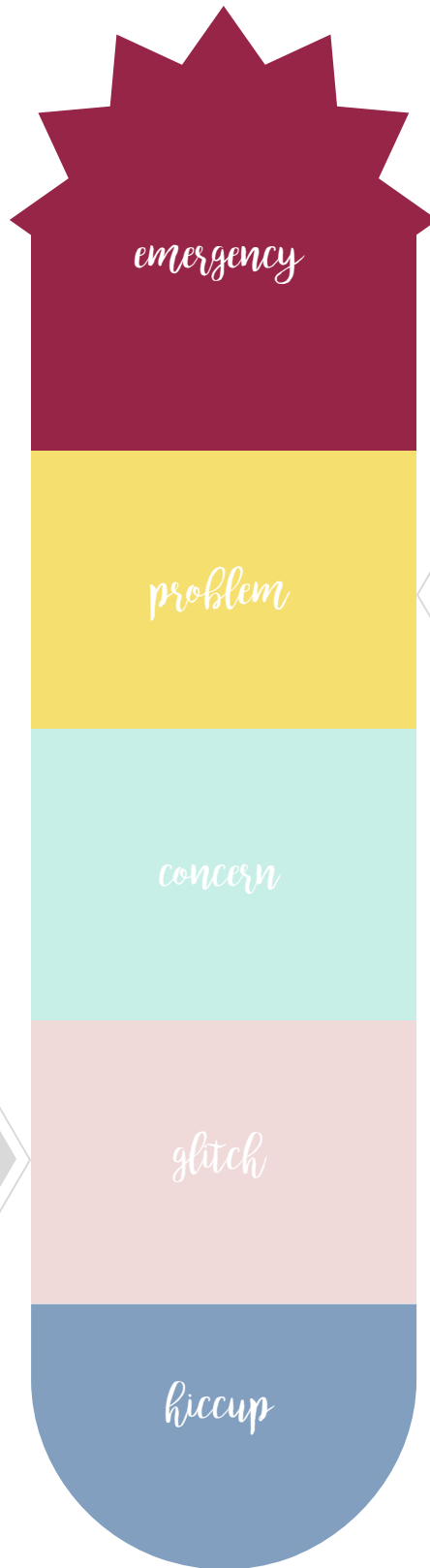
Now that you've had time to process, use the left side of this sheet to identify the size of the problem you experienced. Use the right side of this sheet to identify the reaction you had. Do they match up?





size of reaction to problem

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I was screaming and running around in the classroom.

My chair falling over from my backpack on it.

break it down

Let's learn from this experience, fill out the questions below.

Date: _____

Name: _____

Do you feel like your reaction was too big or too small?

How could you change your reaction?

How are you feeling about this experience now?

break it down

Let's learn from this experience, check yes or no below.

Date:_____

Name:_____

Do you feel like your reaction was too big or too small?

YES

NO

Could you change your reaction?

YES

NO

Would you choose the same reaction if this occurred again?

YES

NO

How are you feeling about this experience now?

YES

NO

Do you know who to go to for help?

YES

NO