My lid plan

Worksheet 2 | Keep this plan. Personal sharing is optional.

Name or initials (optional) _____ Date _____

CHANGES IN MY BODY	CHANGES IN MY THOUGHTS	WHAT I WANT TO DO →
_____	_____	_____
_____	_____	_____
_____	_____	_____

What I notice when I first start to feel upset:

_____

_____

What I notice when it gets harder to think clearly:

_____

_____

TWO WAYS I CAN HELP MY BODY CALM DOWN AT SCHOOL

1. _____
2. _____



An action I need to put on hold while I calm down:

_____

_____



What I can say when I need a break:

_____

_____



Before I respond: What happened? What am I guessing?

_____

_____



An adult I can ask for help:

_____

_____



When and how I will return to the problem:

_____

_____

NOTICE > PAUSE > REGULATE > RECHECK > RESPOND