



End of the day check-ins

As you finish your day, complete the questions below to let me know how you did today!

Name: _____

Date: ____/____/____

1. How are you feeling now?

<input type="checkbox"/>	I am ready to work more tomorrow.
<input type="checkbox"/>	I am happy.
<input type="checkbox"/>	I am excited.
<input type="checkbox"/>	I am tender.
<input type="checkbox"/>	I am scared.
<input type="checkbox"/>	I am angry.
<input type="checkbox"/>	I am sad.
<input type="checkbox"/>	I am feeling overwhelmed.



2. How did you do today?

<input type="checkbox"/>	I finished ALL of my assignments.
<input type="checkbox"/>	I finished MOST of my assignments.
<input type="checkbox"/>	I finished NONE of my assignments.

3. How confident did you feel about your assignments today?

1 -	2	3	4	5 -
Not very				Extremely

4. Do you have anything else to tell me? This can be about school or life.
