Date: _____ Day: ☐ M ☐ T ☐ W ☐ Th ☐ F

How I slept last night:

☐ Slept all night & fully rested
☐ Hard to fall asleep/ up & down
☐ Not a lot of zzzz's
☐ Other: _____

How my morning is going:

☐ Ate my breakfast
☐ Hard to wake up
☐ Excited for school today
☐ A little frazzled
☐ Way frazzled, but made it!
☐ Other: _____

Homework:

☐ Done & in the bag
☐ It's done, and I'm sure it's somewhere
☐ Tried my best
☐ Did it myself!
☐ Had some questions
☐ N/A
☐ Other: _____

Lunch:

☐ Packed & in the bag
☐ Buying it at school
☐ Uh-oh. Someone will drop it off later.
☐ Other: _____

I'd love to tell you about: _____

_____

_____

Something you should know: _____

_____

_____

_____