

Feelings Checklist

Name: School Year:

School: D.o.B. C.A.

Colour in the box that is closest to how you feel. Put a * where you would like to be (Level 3 students only).											Date:
1	I think I'm clever										I'm not at all clever
2	I really like school										I don't like school at all
3	I feel happy most of the time										I feel unhappy most of the time
4	I like to answer in class										I don't like to answer in class
5	I've got a good memory										I find it difficult to remember things
6	I've got lots of friends										I have no friends
7	I like learning										I don't like learning
8	I like my writing										I don't like my writing
9	I feel the same as others										I feel different from others
10	I'm never in trouble										I'm always in trouble
11	I like sport										I don't like sport
12	I don't get picked on										I get picked on
13	People like me										People don't like me
14	I like the way I look										I don't like the way I look

Date 2; Score: Plus Minus (see instruction sheet)