

# Coping Skills Education Check-Off Form

Participant Initials: G.

Date: 12/13/25 Student name: Lillian Nguyen

## Topics Covered

(\*Check each item as it is completed or discussed\*)

#	Topic	Completed	Comments
1	Deep Breathing	<input type="checkbox"/>	
2	Journaling	<input checked="" type="checkbox"/>	
3	Take a shower	<input checked="" type="checkbox"/>	
4	Music	<input checked="" type="checkbox"/>	
5	Exercise	<input checked="" type="checkbox"/>	
6	Draw/color	<input checked="" type="checkbox"/>	
7	Count to 10	<input checked="" type="checkbox"/>	
8	Dance	<input checked="" type="checkbox"/>	
9	Meditate/pray	<input checked="" type="checkbox"/>	
10	Watch a funny movie	<input checked="" type="checkbox"/>	
11	Read a book	<input checked="" type="checkbox"/>	
12	Do a puzzle	<input checked="" type="checkbox"/>	
13	Talk to someone	<input checked="" type="checkbox"/>	
14	Clean something	<input checked="" type="checkbox"/>	

### Participant Understanding

Question	Yes	Somewhat	No
Demonstrated understanding of topic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Actively participated in discussion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asked questions when needed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expressed confidence in applying what was learned	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Educator Notes / Recommendations

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