



Name: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

## My Regulation Plan

**Behavior concerns: These are behaviors I sometimes show, especially when I am stressed**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Losing my temper      | <input type="checkbox"/> Fighting/hurting people | <input type="checkbox"/> Withdrawing      | <input type="checkbox"/> Using alcohol or drugs |
| <input type="checkbox"/> Running away          | <input type="checkbox"/> Injuring myself         | <input type="checkbox"/> Feeling suicidal | <input type="checkbox"/> Threatening others     |
| <input type="checkbox"/> Swearing              | <input type="checkbox"/> Damaging property       | <input type="checkbox"/> Throwing things  | <input type="checkbox"/> Attempting suicide     |
| <input type="checkbox"/> Leaving the classroom |  |   |   |

Other: \_\_\_\_\_

**Triggers: When these things happen, I am more likely to feel unsafe and upset**

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Not being listened to | <input type="checkbox"/> Feeling pressured        | <input type="checkbox"/> Being touched   | <input type="checkbox"/> People yelling         |
| <input type="checkbox"/> Feeling lonely        | <input type="checkbox"/> Feeling left out         | <input type="checkbox"/> Being stared at | <input type="checkbox"/> Teasing                |
| <input type="checkbox"/> Not having a say      | <input type="checkbox"/> Particular class/subject | <input type="checkbox"/> Contact with:   | <input type="checkbox"/> Not understanding work |
| <input type="checkbox"/> Arguments             | <input type="checkbox"/> Particular time of day   |  |   |

Other: \_\_\_\_\_

**Warning signs: These are things other people may notice me doing if I begin to lose control**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Sweating        | <input type="checkbox"/> Red face            | <input type="checkbox"/> Acting hyper    | <input type="checkbox"/> Being rude                |
| <input type="checkbox"/> Singing/humming | <input type="checkbox"/> Breathing heavy     | <input type="checkbox"/> Wringing hands  | <input type="checkbox"/> Swearing                  |
| <input type="checkbox"/> Pacing          | <input type="checkbox"/> Becoming very quiet | <input type="checkbox"/> Loud voice      | <input type="checkbox"/> Bouncing legs             |
| <input type="checkbox"/> Crying          | <input type="checkbox"/> Hygiene issues      | <input type="checkbox"/> Clenching teeth | <input type="checkbox"/> Rocking                   |
| <input type="checkbox"/> Squatting       | <input type="checkbox"/> Damaging things     | <input type="checkbox"/> Hurting myself  | <input type="checkbox"/> Isolating/avoiding others |

Other: \_\_\_\_\_

**Possible ways to regulate my feelings: These are things that might help me calm down and keep myself safe when I'm feeling upset**

✓ what works      X what to try

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Time to myself            | <input type="checkbox"/> Listening to music            | <input type="checkbox"/> Singing softly              | <input type="checkbox"/> Sitting with staff       |
| <input type="checkbox"/> Pacing in private         | <input type="checkbox"/> Talking with a support person | <input type="checkbox"/> Coloring, playing with clay | <input type="checkbox"/> Reading a book           |
| <input type="checkbox"/> Rocking or swinging       | <input type="checkbox"/> A cold splash of water        | <input type="checkbox"/> Writing in a journal        | <input type="checkbox"/> Punching a pillow        |
| <input type="checkbox"/> Humor                     | <input type="checkbox"/> Push-ups, sit-ups             | <input type="checkbox"/> Bouncing a ball             | <input type="checkbox"/> Drawing                  |
| <input type="checkbox"/> Being in nature           | <input type="checkbox"/> Playing cards                 | <input type="checkbox"/> Talking to staff:           | <input type="checkbox"/> Hugging a stuffed animal |
| <input type="checkbox"/> Holding an ice cube       | <input type="checkbox"/> Deep breathing                | <input type="checkbox"/> Calling:                    | <input type="checkbox"/> Using the sensory room   |
| <input type="checkbox"/> Using the gym             | <input type="checkbox"/> Lying down                    | <input type="checkbox"/> Snapping a rubber band      | <input type="checkbox"/> Speaking to my therapist |
| <input type="checkbox"/> Being in nature           | <input type="checkbox"/> My designated safe space:     | <input type="checkbox"/> Telling myself to relax     | <input type="checkbox"/> Hearing hopeful messages |
| <input type="checkbox"/> Being around other people | <input type="checkbox"/> Run, fast walk, jumping jacks |  |   |

Other: \_\_\_\_\_

**Things that make it worse for me: These are things that do NOT help me calm down or stay safe**

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Being alone          | <input type="checkbox"/> Being around people | <input type="checkbox"/> Humor              | <input type="checkbox"/> Not being listened to       |
| <input type="checkbox"/> Peers teasing        | <input type="checkbox"/> Being disrespected  | <input type="checkbox"/> Loud tone of voice | <input type="checkbox"/> Being ignored               |
| <input type="checkbox"/> Having staff support | <input type="checkbox"/> Talking to an adult | <input type="checkbox"/> Being touched      | <input type="checkbox"/> Being reminded of the rules |

Other: \_\_\_\_\_

## Action Plan to Help Me Stay Focused:

Things I can do throughout the day that reduce stress for me: \_\_\_\_\_  
\_\_\_\_\_, I will \_\_\_\_\_  
\_\_\_\_\_ to prevent a crisis from  
developing. I might need staff to remind me to do these things.

When staff notices \_\_\_\_\_,  
I would like them to help prevent a crisis by \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other ideas about what to do if a crisis develops:

## Collaboration with Caregivers:

*Reach out to the parents/caregivers and invite them answer the following questions:*

What do you see as your child's go to strategy when he/she is stressed

What do you see as your child's primary triggers and warning signs of distress?

What strategies can we use at home and school to increase your child's ability to feel safe and calm down?

How can we work together better when your child is experiencing distress at school?

## People on my support team:

Include: school teaching/admin/counseling/coaching staff, case manager, therapist, psychiatrist, social worker, family and friends

Name	Phone	Email