**My Views: My day**

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| **Activity** | **What do I feel?** | **What might help me?** |
| Getting ready in the morning |  |  |
| Having my Breakfast |  |  |
| Going to School |  |  |
| In the classroom |  |  |
| Lunchtime / playtime |  |  |
| Afternoon in school |  |  |
| Coming / arriving home |  |  |
| Tea time |  |  |
| Evening |  |  |
| Bedtime |  |  |