Feelings Chart

Name: _____   Date: _____

Parent/Guardian/Physician's Name: _____

Peaceful	Grateful	Awe	Connected	Love	Joy
Safe	Calm	Curious	Happy	Creative	Excited
Chill	Cozy	Fine	Pleasant	Silly	Energetic
Tired	Disappointed	Bored	Annoyed	Frustrated	Rowdy
Miserable	Sad	Shy	Embarrassed	Angry	Stressed
Depressed	Lonely	Ashamed	Anxious	Jealous	Furious

Notes: