

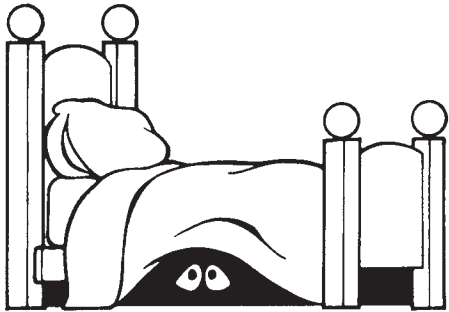
Name: _____

Face Your Feelings



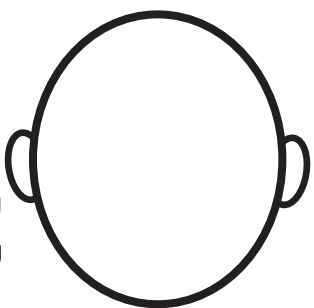
I feel like jumping up and down when _____

I feel like shouting when _____



I feel like hiding under the bed when _____

I feel like fireworks going off when _____



Draw how you look when you feel this way.

This is how I feel most of the time: _____

