

# SCHOOL TOOLS

## Worksheet Collection

### Ethos Shoreline

Practical, family-centered tools to support school routines, anxiety, regulation, re-entry, and collaborative problem-solving.

For educational and therapeutic support. These worksheets are not a substitute for individualized medical, mental-health, or school-based evaluation.



# School Morning Checklist

*Build a predictable path from waking up to leaving home.*

## My school-day goal:

- |                                                                   |                                                            |
|-------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Wake up / turn off alarm                 | <input type="checkbox"/> Bathroom routine                  |
| <input type="checkbox"/> Get dressed                              | <input type="checkbox"/> Eat breakfast                     |
| <input type="checkbox"/> Take medication, if part of my care plan | <input type="checkbox"/> Brush teeth / hair                |
| <input type="checkbox"/> Pack backpack                            | <input type="checkbox"/> Check homework / device / charger |
| <input type="checkbox"/> Fill water bottle                        | <input type="checkbox"/> Shoes and outerwear               |
| <input type="checkbox"/> Use one regulation strategy              | <input type="checkbox"/> Leave by: _____                   |

## My launch-pad location:

## What helps me most when I get stuck?

- ☐ One calm reminder
- ☐ Visual timer
- ☐ Choice between two next steps
- ☐ Movement break
- ☐ Music
- ☐ Quiet
- ☐ Help getting started
- ☐ Other: \_\_\_\_\_

## Morning win:

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# School Anxiety Scale

*Notice the intensity, body clues, thoughts, and support needed.*

**Right now, my school anxiety is:**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0 Calm                   | 1                        | 2                        | 3                        | 4                        | 5 Very high              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Where do I feel it in my body?**

- |                                       |                                             |
|---------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Stomach      | <input type="checkbox"/> Chest              |
| <input type="checkbox"/> Head         | <input type="checkbox"/> Throat             |
| <input type="checkbox"/> Muscles      | <input type="checkbox"/> Heart beating fast |
| <input type="checkbox"/> Hot / sweaty | <input type="checkbox"/> Tired / heavy      |
| <input type="checkbox"/> Other: _____ |                                             |

**What is my brain telling me?**

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**What might help me move down one number?**

- |                                                     |                                                 |
|-----------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Slow breathing             | <input type="checkbox"/> Grounding              |
| <input type="checkbox"/> Movement                   | <input type="checkbox"/> Talk to a safe adult   |
| <input type="checkbox"/> Break the next step down   | <input type="checkbox"/> Use a coping statement |
| <input type="checkbox"/> Take a brief planned pause | <input type="checkbox"/> Other: _____           |

**After trying a strategy, my anxiety is:**

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0                        | 1                        | 2                        | 3                        | 4                        | 5                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



# What Makes School Hard?

*Identify barriers before deciding what support is needed.*

## School feels hardest when...

- |                                                    |                                                    |
|----------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Waking up / getting ready | <input type="checkbox"/> Leaving home              |
| <input type="checkbox"/> Arriving on campus        | <input type="checkbox"/> Separating from caregiver |
| <input type="checkbox"/> Entering class            | <input type="checkbox"/> Academic work             |
| <input type="checkbox"/> Reading / writing         | <input type="checkbox"/> Math                      |
| <input type="checkbox"/> Tests / presentations     | <input type="checkbox"/> Noise / crowds            |
| <input type="checkbox"/> Transitions               | <input type="checkbox"/> Peer relationships        |
| <input type="checkbox"/> Teacher interactions      | <input type="checkbox"/> Lunch / recess            |
| <input type="checkbox"/> Unstructured time         | <input type="checkbox"/> Missing work              |
| <input type="checkbox"/> End of day                | <input type="checkbox"/> Other: _____              |

## The hardest part is:

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## When this happens, I usually...

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## What I wish adults understood:

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## One change that could make school 10% easier:

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# My School Support Team

*Make support visible: who can help, how, and when.*

| Person | Role | How they help | How/when I can reach them |
|--------|------|---------------|---------------------------|
|--------|------|---------------|---------------------------|

My go-to adult at school:

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If I start feeling overwhelmed, our agreed plan is:

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Caregiver-school communication plan:

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# School Re-Entry Ladder

*Build gradual, achievable steps toward fuller participation.*

Start with a step that is challenging but doable. Repeat steps as needed; movement can be gradual and individualized.

| Step | Brave action | Anxiety 0–5                 | What support helps? |
|------|--------------|-----------------------------|---------------------|
| 1    |              | Before: ____<br>After: ____ |                     |
| 2    |              | Before: ____<br>After: ____ |                     |
| 3    |              | Before: ____<br>After: ____ |                     |
| 4    |              | Before: ____<br>After: ____ |                     |
| 5    |              | Before: ____<br>After: ____ |                     |
| 6    |              | Before: ____<br>After: ____ |                     |
| 7    |              | Before: ____<br>After: ____ |                     |
| 8    |              | Before: ____<br>After: ____ |                     |

How will we know a step is ready to repeat or advance?

What will adults avoid doing because it makes the anxiety cycle stronger?

# Brave Steps Plan

*Practice moving toward important goals while making room for anxiety.*

**The situation I want to get better at handling:**

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**Why this matters to me:**

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**My smallest brave step:**

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**What I predict might happen:**

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**What I can say to myself:**

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**Who can support me without taking over?**

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**After I tried it, what actually happened?**

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**My next brave step:**

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# Morning Regulation Plan

*Support the nervous system before demands pile up.*

## My early signs that the morning is becoming too much:

- |                                                       |                                                |
|-------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Moving very slowly           | <input type="checkbox"/> Arguing               |
| <input type="checkbox"/> Crying                       | <input type="checkbox"/> Shutting down         |
| <input type="checkbox"/> Stomachache / headache       | <input type="checkbox"/> Pacing / restlessness |
| <input type="checkbox"/> Repeated reassurance seeking | <input type="checkbox"/> Refusing              |
| <input type="checkbox"/> Freezing                     | <input type="checkbox"/> Other: _____          |

## My best regulation supports:

- |                                                  |                                                       |
|--------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Low voice / fewer words | <input type="checkbox"/> Predictable sequence         |
| <input type="checkbox"/> Visual schedule         | <input type="checkbox"/> Music                        |
| <input type="checkbox"/> Protein / breakfast     | <input type="checkbox"/> Cold water                   |
| <input type="checkbox"/> Deep pressure           | <input type="checkbox"/> Movement                     |
| <input type="checkbox"/> Breathing               | <input type="checkbox"/> 5-minute buffer              |
| <input type="checkbox"/> Reduced choices         | <input type="checkbox"/> Connection before correction |

## Our 3-step morning reset:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## What adults will say:

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## What adults will avoid:

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# Parent School-Refusal Response Plan

*Respond with calm, connection, consistency, and coordinated support.*

## When my child says, "I can't go," I will first...

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|------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Regulate my own tone and body     | <input type="checkbox"/> Validate the feeling without confirming danger |
| <input type="checkbox"/> Use brief, predictable language   | <input type="checkbox"/> Avoid long debates                             |
| <input type="checkbox"/> Identify the next small step      | <input type="checkbox"/> Use the agreed school support plan             |
| <input type="checkbox"/> Reinforce approach/brave behavior | <input type="checkbox"/> Document patterns that need team attention     |

## A validating statement I can use:

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## The next-step language I can use:

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## Our morning decision points and limits:

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## If my child cannot complete the full plan today, the structured alternative is:

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## School contacts / clinician contacts / agreed communication:

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## Patterns to track this week:

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|---------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Sleep              | <input type="checkbox"/> Illness / pain   |
| <input type="checkbox"/> Transitions        | <input type="checkbox"/> Specific classes |
| <input type="checkbox"/> Peer concerns      | <input type="checkbox"/> Academic demands |
| <input type="checkbox"/> Separation         | <input type="checkbox"/> Sensory load     |
| <input type="checkbox"/> Medication changes | <input type="checkbox"/> Family stressors |

☐ Other: \_\_\_\_\_

**Safety note:**

If refusal is connected to threats, bullying, self-harm concerns, severe panic, medical symptoms, or another immediate safety issue, prioritize appropriate assessment and safety planning rather than treating the behavior as routine avoidance.



# School Tools: Weekly Review

*Use this page to connect patterns across the worksheets.*

**What went better this week?**

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**What remained difficult?**

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**What did we learn about triggers, regulation, or support?**

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**One adjustment for next week:**

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**One strength we noticed:**

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