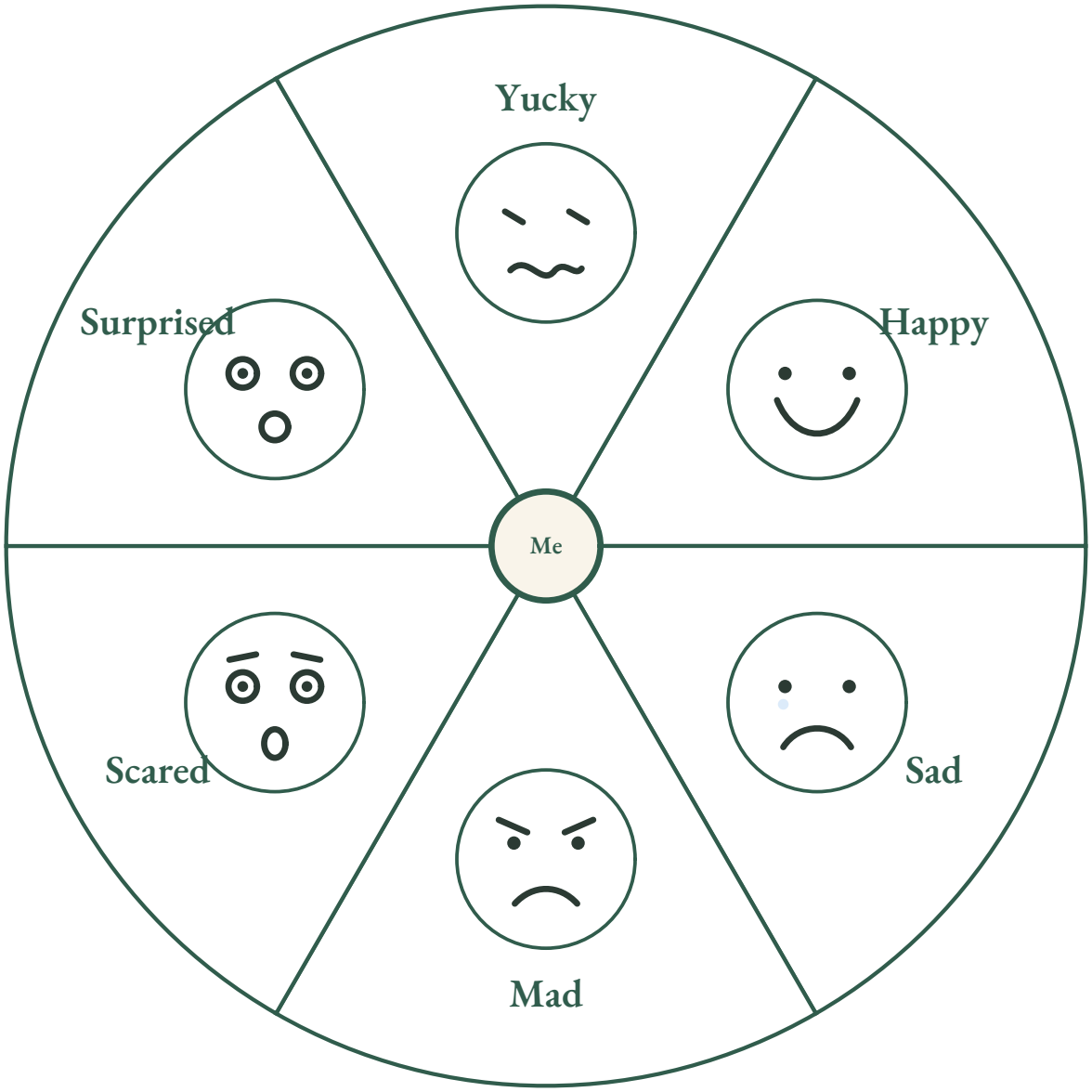
My Feelings Wheel

Color each face. Write one time you felt it. For ages 4 to 10.

Name: _____ Date: _____



A TIME I FELT THIS WAY

Educational use only. Not therapy, diagnosis or medical advice. In a crisis call or text 988. Immediate danger: call 911.