

DAILY STUDENT CHECK-IN

Welcome! Please complete this check-in as you arrive today. We are glad you are here!

This check-in is not scored or graded, and your answers won't affect your grades, privileges, or behavior record. It's simply a way to let us know how you're doing.

STUDENT NAME

DATE

GRADE / ROOM

TIME IN

1. How are you feeling overall this morning? (Select one)



Great / Happy

☐

Okay / Calm

☐

Tired / Low Energy

☐

Anxious / Stressed

☐

Upset / Angry

☐

2. What is your readiness & focus level for learning today?

1 - Low

Need rest / reset

☐

2 - Fair

A bit distracted

☐

3 - Ready

Good & steady

☐

4 - Motivated

Focused & energetic

☐

5 - Supercharged

Ready to excel!

☐

3. Basic Needs & Morning Preparation (Check all that apply):

- ☐ I ate a good breakfast
- ☐ I got enough sleep
- ☐ I need help with homework

- ☐ I need a snack / water
- ☐ I have all my school supplies
- ☐ Something is bothering me

4. Would you like to speak with someone today?

- ☐ No, I'm good for today!
- ☐ Yes, sometime today when free
- ☐ Yes, as soon as possible

Preferred Staff Member to See:

(e.g., School Counselor, Mr./Ms. [Teacher Name], Grade Coordinator, Social Worker)

5. Anything specific you want to share with us today? (Optional)

 This report is private and will only be shared with authorized school counseling & teaching personnel to support you.

This form is not anonymous — it's designed so staff can follow up individually — but responses are kept private and shared only with the staff members named or otherwise responsible for student support.

This is a conversation-starter, not a clinical screening tool, and isn't a substitute for a counselor's professional judgment.