

TOOLS

for Educators Navigating the COVID-19 Era

This Planning for Uncertainty Guide excerpt booklet contains editable PDF surveys, reflection prompts, and checklists, for both students and educators, focused on mental wellness and relationship building.

DEVELOPED BY
THE PROJECT FOR MENTAL HEALTH
AND OPTIMAL DEVELOPMENT



Penn GSE
GRADUATE SCHOOL OF EDUCATION
UNIVERSITY of PENNSYLVANIA



The following supplemental tools can aid educators in their problem-solving processes, with a focus on better understanding and supporting mental wellness.



for
educators



for
students



for
caregivers

Colors refer to available
versions of each tool.

Uncertainty Mindset in Action Template ■ p. 3

A blank version of the template used in the scenarios, this tool can assist educators in problem solving and developing action plans.

Mental Wellness Self-Assessment ■ p. 5

These surveys can help identify a student's or educator's level of mental wellness.

Burnout Self-Assessment ■ p. 9

This survey identifies potential burnout and offers steps to support an educator's wellness, based upon the level of distress.

Social-Emotional Learning Survey: Classroom Safety ■ p. 11

These surveys can help identify how well the classroom supports social and emotional learning (SEL) in a virtual format; the caregiver version then allows a student's caregiver to analyze how the virtual format aligns with their wants and needs.

Mindfulness Activities Checklist ■ p. 17

This list of easy-to-implement mindfulness activities includes step-by-step guidance for practices that can be used with all ages.

Building Developmental Relationships During the COVID-19 Crisis Checklist ■ p. 19

This list of concrete steps educators can take to build relationships, developed by the Search Institute, focuses on how to continue connecting with students amid uncertain circumstances.

Self-Care Survey ■ p. 21

These surveys can help identify how successfully a student or educator is engaging in self-care.

ADDRESSING Model Reflection ■ p. 28

This equity tool, developed by Pamela Hays and now a foundational element of many teacher-education programs, offers a framework and reflection questions for thinking about the cultural influences that impact how we think and act.

Like the rest of this guide, these tools are meant to be used through the lens of the Uncertainty Mindset, prioritizing flexibility and responsiveness to student and educator needs. They target building students' and educators' capacity to assess their needs and get support by:

- **PROMOTING** responsiveness and practitioner self-efficacy
- **PRIORITIZING** mental wellness
- **FACILITATING** conversations with colleagues and other support systems

Note: The student versions of the **Mental Wellness Self-Assessment** and **Self-Care Survey** are meant to help students identify stressors and potential remedies. Whenever one is doing such self-exploration, it is possible they may uncover something that triggers upsetting thoughts and/or feelings. It is advised that educators sharing these surveys with their students review students' responses and use their judgment to determine if the school counselor, parent/guardian, or other stakeholder should be notified. Please also advise students that should any negative feelings arise from their use of these tools, they should let you, the school counselor, caregiver, or other trusted adult know.



Uncertainty Mindset in Action Template

WHEN TO USE: To develop an action plan to address complicated school-based situations

WHAT IT DOES: Guides educators in organizing their thoughts and generating meaningful action steps that focus on academic, social, and emotional wellness

NAME _____

After writing out or thinking through your current challenges or case, list the core issue(s) that need addressing:

✓ _____	✓ _____
✓ _____	✓ _____
✓ _____	✓ _____

Select one pressing issue, or interlocking issues, and apply the Uncertainty Mindset Framework.
Repeat this process as needed for other issues.

UNCERTAINTY MINDSET QUESTIONS + RESPONSES	ACTION ITEMS
DIALOGUE WITH STAKEHOLDERS Q: Who are the relevant stakeholders? Q: How can I work with stakeholders to develop a responsive action plan?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
CONSIDER CLIMATE Q: How can I make my classroom (in-person or online) a safe and supportive space? Q: How does the larger school climate, including school-wide policies and practices, impact the situation? Q: How have larger societal issues, including the COVID-19 crisis, affected this situation?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>












Continued on next page ▼



UNCERTAINTY MINDSET QUESTIONS + RESPONSES 	ACTION ITEMS 
<p>APPLY AN EQUITY LENS</p> <p>Q: <i>How does my sociocultural identity influence how I am viewing and responding to this student/situation?</i></p> <p>Q: <i>How do my students' sociocultural identities influence how they are viewing and responding to this situation?</i></p>	<div><input type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input type="checkbox"/></div>
<div data-bbox="115 800 167 1289" data-label="Text">ONGOING</div> <p>REFLECT AND EVALUATE</p> <p>Q: <i>What have I learned?</i></p> <p>Q: <i>What questions do I still have?</i></p> <p>Q: <i>What does this mean for my practice going forward?</i></p>	



TOOLS

- ☐ Mental Wellness Self-Assessment  
- ☐ Teacher Burnout Self-Assessment 
- ☐ Social-Emotional Learning Survey: Classroom Safety   
- ☐ Mindfulness Activities Checklist 
- ☐ Building Developmental Relationships During the COVID-19 Crisis Checklist 
- ☐ Self-Care Survey  
- ☐ ADDRESSING Model Reflection 



RESOURCES

Materials to support exploration of the following topics:

- ☐ Dialogue
- ☐ Climate
- ☐ Equity
- ☐ Reflection/Evaluation
- ☐ COVID-19 information
- ☐ Virtual learning
- ☐ Mental wellness
 - ☐ Mindfulness
 - ☐ Self-care
 - ☐ Trauma-informed practices
- ☐ Social-emotional learning



Mental Wellness Self-Assessment (*Educator*)

WHEN TO USE: If concerned about your (or another educator's) level of mental wellness

WHAT IT DOES: Uncovers factors that may be preventing educators from feeling their best; helps them begin conceptualizing positive changes or actions to achieve mental wellness

DIRECTIONS Complete the following chart, assessing yourself on the given issues. On the following page, use the questions to further analyze your responses and determine possible supports.

Over the last two weeks, how often have you experienced the following problems?

PRESENTING ISSUE	NOT AT ALL	SEVERAL DAYS	MORE THAN HALF THE DAYS	NEARLY EVERY DAY
Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling nervous, anxious, on edge, or worrying a lot about different things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting tired very easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muscle tension, aches, or soreness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Becoming easily annoyed or irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble concentrating on things, such as reading a book or watching TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not being able to stop or control worrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoughts that you would be better off dead or of hurting yourself in some way*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Any rating other than "Not at All" to the last item requires a crisis/immediate intervention risk assessment by a mental health professional.

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display, or distribute.



1 If you identified any of these issues as a problem, how difficult have these issues made it for you at work, home, or with other people?

	NOT DIFFICULT AT ALL	SOMEWHAT DIFFICULT	VERY DIFFICULT	EXTREMELY DIFFICULT
WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WITH OTHER PEOPLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2 Thinking about your answers, what do you think are the main issues contributing to your overall mental state?

- | | |
|---|---|
| <input type="checkbox"/> Poor family relationships | <input type="checkbox"/> Work stressors (for example, increased demands on work performance and time) |
| <input type="checkbox"/> Illness (self or loved one) | <input type="checkbox"/> Relationship stressors |
| <input type="checkbox"/> Legal trouble (self or loved one) | <input type="checkbox"/> Substance use or abuse (self or loved one) |
| <input type="checkbox"/> Grief/loss (including removal of children from home) | <input type="checkbox"/> Loss of job/reduction in financial resources |
| <input type="checkbox"/> Abuse (domestic or witnessed in the home) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Separation from spouse/significant other (including incarceration) | |
| <input type="checkbox"/> COVID-19 fears | |

3 Reflection

- | | |
|---|---|
| a. How many of your stressors are in your control? List which stressors you can minimize or manage on your own. | d. Who can you reach out to for support in handling stressors that are largely out of your control? (for example, colleagues, friends, family) |
| b. Which stressors are COVID-19 related? List the stressors that have newly arisen due to COVID-19. | e. Do you feel that you need additional mental wellness support from a counselor or trained professional to adequately address your mental wellness concerns? |
| c. What are some action steps you can take to reduce these stressors? (for example, setting times to “unplug,” redistributing in-home responsibilities, finding time for hobbies) | |



Mental Wellness Self-Assessment (Student)

WHEN TO USE: Distribute to students virtually or in-person if concerned about a student's level of mental wellness.

WHAT IT DOES: Uncovers factors that may be preventing students from feeling their best; helps them begin conceptualizing positive changes or actions to achieve mental wellness

DIRECTIONS Complete the following chart, assessing yourself on the given issues. On the following page, use the questions to further analyze your responses and determine possible supports.

Over the last two weeks, how often have you experienced the following problems?

PRESENTING ISSUE	NOT AT ALL	SEVERAL DAYS	MORE THAN HALF THE DAYS	NEARLY EVERY DAY
Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling nervous, anxious, on edge, or worrying a lot about different things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting tired very easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muscle tension, aches, or soreness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Becoming easily annoyed or irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble concentrating on things, such as reading a book or watching TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not being able to stop or control worrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoughts that you would be better off dead or of hurting yourself in some way*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Any rating other than "Not at All" to the last item requires a crisis/immediate intervention risk assessment by a mental health professional.

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display, or distribute.



1 If you identified any of these issues as a problem, how difficult have these issues made it for you at work, home, or with other people?

	NOT DIFFICULT AT ALL	SOMEWHAT DIFFICULT	VERY DIFFICULT	EXTREMELY DIFFICULT
WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WITH OTHER PEOPLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2 Thinking about your answers, what do you think are the main issues contributing to your overall mental state?

- ☐ Poor family relationships
- ☐ Illness (self or loved one)
- ☐ Legal trouble (self or loved one)
- ☐ Grief/loss
- ☐ Abuse and/or neglect*
- ☐ Parental separation or divorce
- ☐ COVID-19 fears
- ☐ School stressors (for example, high demands on academic or athletic performance)
- ☐ Relationship stressors
- ☐ Substance use or abuse (self or loved one)
- ☐ Peer separation (due to being out of school)
- ☐ Other: _____

3 Reflection

- a. How many of your stressors are in your control? List which stressors you can minimize or manage on your own.
- b. Which stressors are COVID-19 related? List the stressors that have newly arisen due to COVID-19.
- c. What are some action steps you can take to reduce these stressors?
- d. Who can you reach out to for support in handling stressors that are largely out of your control? (for example, friends or family members)
- e. Do you feel that you need additional mental wellness support from a counselor or trained professional to adequately address your mental wellness concerns?

***Note:** All teachers are Mandated Reporters who are legally required to report any suspicion of child abuse or neglect to the relevant authorities.



Teacher Burnout Self-Assessment

WHEN TO USE: If feeling negative about or disinterested in teaching responsibilities

WHAT IT DOES: Identifies if educators are reaching, or exceeding, their limits; provides suggestions to mitigate the impact of burnout

Burnout prevents us all from feeling our best or performing at our highest levels; it is a state of being that causes us to feel inefficient in our work and personal lives, thus causing a vicious, negative cycle. Before providing mental health support for others, we must be able to assess our own wellness and take steps to improve it. This gives educators credibility and insight as we support students on their path to healthy living.

Note: Burnout is a result of the stress of your work; if you are stressed predominately by the trauma of the students you are working with, consider the [Compassion Fatigue Survey](#).

DIRECTIONS Complete the following chart, assessing yourself on the given issues. On the following page, use the questions to further analyze your responses and review the listed supports.

	4 ALWAYS/ EVERY DAY	3 USUALLY/ MOST DAYS	2 SOMETIMES/ SOME DAYS	1 RARELY/ONCE IN A WHILE	0 NEVER
1. I feel physically energized when completing my work each day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I feel emotionally secure when completing my work each day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel mentally sharp when completing my work each day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I understand how the work I do individually contributes to my school's mission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel proud of the work I have done each day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I feel positive about the work my school is doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. There are people at work I can rely on.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I get along and work effectively with my coworkers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. My coworkers put in a comparable amount of effort to me each day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My voice is included in the decision-making process at my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I am able to be productive at work and contribute to my team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I am competent at doing my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I feel successful at work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I have the resources necessary to do my job well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. There are people at work who are able and willing to support me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This assessment is based on research and framework from "Managing Yourself, Beating Burnout" by Monique Valcour in *Harvard Business Review* (November 2016), 94(11): 98-101, <https://hbr.org/2016/11/beating-burnout>. Summarized by Kim Marshall in Marshall Memo 658.



ANALYSIS: Follow the steps below to determine root causes of your feelings and action steps.

CATEGORIES

QUESTIONS 1-5:
Exhaustion

QUESTIONS 6-10:
Cynicism

QUESTIONS 10-15:
Inefficacy

1 Identify:

- 1-2 questions with the highest score: _____
- 1-2 question with the lowest score: _____
- Category with the highest total score: _____
- Category with the lowest total score: _____
- Changes to score over time (if you've taken this assessment more than once)

2 Consider:

- What are the root causes of these scores?

3 Interventions:

- Review the specific interventions listed below for the items with the highest score (in cases of a tie, start with the earliest question).
- If you've completed this more than once, consider what may have caused your feelings to change since the last time you took this assessment.

	SPECIFIC ASSESSMENT	QUESTION	INTERVENTION/SUPPORT
EXHAUSTION	Physical Fatigue	1. I feel physically energized when completing my work each day.	Prioritize self-care: a full night's sleep/consistent sleep habits, consistent and balanced nutrition, regular exercise, and social connections.*
	Emotional Fatigue	2. I feel emotionally secure when completing my work each day.	
	Cognitive Fatigue	3. I feel mentally sharp when completing my work each day.	Take regular breaks, especially after self-assessing stress, anxiety, and unproductivity/procrastination. Shifting to something that is calming and refreshing can counteract stress hormones and increase productivity.**
	Sees Big Picture	4. I understand how the work I do individually contributes to my school's mission.	Consider what is within your locus of control and how you can delegate tasks or redefine your role. Also consider advancement/leadership opportunities or positive relationships as motivators toward long term success.*
	Feels Positive About Job	5. I feel proud of the work I have done each day.	
CYNICISM	Negative About Work	6. I feel positive about the work my school is doing.	Reduce exposure to job stressors by identifying the aspects of the work that are leading to burnout and setting clear boundaries. Reflect on the root causes <u>for you</u> and clear time/schedule activities that recharge you, or restructure your time to minimize the impact of stressors (e.g., scheduling stressful meetings toward the end of the day, advocating to your boss about the impact of this).*
	Feeling Detached/Isolated	7. There are people at work I can rely on.	Seek out connections that will help you cope and help restore your ability to be productive.*
	Conflict	8. I get along and work effectively with my coworkers.	Build relationships with colleagues that enable you to address conflict directly. Open the lines of communication directly to resolve current conflicts, and/or reduce future harm by establishing clear expectations and developing rapport. This process includes advocating to supervisors and principals.*
	Unfairness	9. My coworkers put in a comparable amount of effort to me each day.	
INEFFICACY	Not a Part of Decisions	10. My voice is included in the decision-making process at my school.	
	Feeling Unproductive	11. I am able to be productive at work and contribute to my team.	Determine root cause (physical, emotional or cognitive fatigue). Refer to Q1, Q2, or Q3 for intervention.
	Feeling of Competence	12. I am competent at doing my job.	Consider what is within your locus of control and whether you can delegate, redefine your role, or redefine the work to complete the necessary work while protecting your peace. Also consider advancement/leadership opportunities or positive relationships as motivators for long-term success.*
	Feeling Unsuccessful	13. I feel successful at work.	Determine root cause (physical, emotional, or cognitive fatigue; big picture; or feels positive). Navigate to Q1, Q2, Q3, Q4, or Q5 for intervention.
	Access to Resources	14. I have the resources necessary to do my job well.	Building relationships with individuals who will support you in the process of advocating for resources is key. Often, these collaborators will be individuals with whom you work most closely. This process should include advocating to supervisors and principals as well as to colleagues.
	Access to Support	15. There are people at work who are able and willing to support me.	Building trusting relationships with colleagues that allow you to directly address conflict is essential. Many conflicts are rooted in incomplete stories and miscommunication; by opening up these channels of communication, feelings of tension and unfairness are lessened. Further, the long-term benefit of establishing clear expectations and building rapport reduces the risk of future complications in the workplace.

* Based on research and framework from "Managing Yourself, Beating Burnout" by Monique Valcour in *Harvard Business Review* (November 2016), 94(11): 98-101, <https://hbr.org/2016/11/being-burnout>. Summarized by Kim Marshall in Marshall Memo 658.

** "Are You Working Too Hard? A Conversation with Mind/Body Researcher Herbert Benson" by Bronwyn Fryer in *Harvard Business Review* (November 2005), 83(11): 53-58. Summarized by Kim Marshall in Marshall Memo 110.



Social-Emotional Learning Survey: Classroom Safety (Educator)

WHEN TO USE: To evaluate your (or another educator's) use of SEL practices in a virtual learning space

WHAT IT DOES: Identifies an educator's strengths and areas for improvement in incorporating SEL virtually; suggests action steps to further integrate SEL practices

SEL Through Distance Learning: Teacher Self-Assessment

DIRECTIONS Complete the following chart, assessing how frequently you promote the listed social-emotional learning (SEL) practices through distance learning and at-home assignments. On the following page, use the questions to further analyze your responses and determine possible action steps.

CLASSROOM STRENGTH OR GROWTH AREA				
FOR ALL AGES	3 ALWAYS	2 OFTEN	1 SOMETIMES	0 NEVER
I reach out to students individually and communicate that I value their contributions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I follow up with students on topics that are of importance to them to show them they are known and cared for.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I facilitate virtual class meetings, collaborative classroom websites or forums, or other community-building activities to cultivate a culture of personal connection and belonging.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning activities and projects link to students' lived experiences, frames of reference, and issues that are important to them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning activities activate students' self and social awareness by asking them to identify feelings, reflect on their experiences, and talk through topics with family members or peers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning activities affirm students' diverse identities and cultures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students have opportunities to share and learn about each other's lives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOR ELEMENTARY/LOWER MIDDLE SCHOOL STUDENTS	3 ALWAYS	2 OFTEN	1 SOMETIMES	0 NEVER
I ask my students if they feel like they are learning in class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I coordinate learning activities in which students are able to engage in small group discussions, cooperate, and problem-solve with peers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I regularly request and receive feedback from students about how distance learning is going and how it could be improved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOR UPPER MIDDLE SCHOOL/SECONDARY STUDENTS	3 ALWAYS	2 OFTEN	1 SOMETIMES	0 NEVER
I coordinate learning activities in which students are able to engage in small group discussions, cooperate, and problem-solve with peers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assignments include open-ended questions to surface student thinking and probe students to elaborate on their responses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After completing a project, students reflect on what made their work successful or challenging and make a plan for improvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QUESTIONS ABOUT FAMILY MEMBERS AND CAREGIVERS	3 ALWAYS	2 OFTEN	1 SOMETIMES	0 NEVER
I regularly communicate with all of my students' families/caregivers at least 1-2 times per month.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I connect with families/caregivers to discuss positive updates on their students' progress, not just when there is a problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I provide families/caregivers with clear, actionable ways to support their student's learning in my class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I connect with all students' families/caregivers to hear from them about how at-home learning is going and provide support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For a more comprehensive self-assessment designed for reflection on in-person teaching, see CASEL's [SEL in the Classroom Self-Assessment](#).

Resource from CASEL School Wide SEL, adapted for this guide. For the original copy of this self-assessment, see [SEL through Distance Learning: Teacher Self-Assessment](#).



ANALYSIS: Follow the steps below to determine root causes and action steps.

1 Identify:

- 1-2 questions with the highest score: _____
- 1-2 questions with the lowest score: _____

2 Consider:

- What are the root causes of these scores?
- What are some things you can start doing to promote social-emotional safety among students?
- What are some things you can do to increase the consistency of habits that promote positive SEL in class?

3 Comparison:

- **With Students & Caregivers:** Using the results of the **SEL Student Assessment** and **SEL Caregiver Assessment**, compare your self-perception of support provided to the perception among students and families. Consider:
 - Are there any questions on which you scored yourself higher than students and/or caregivers did?
 - Are there any questions on which you scored yourself lower than students and/or caregivers did?
 - What might account for these discrepancies? Consider the open-ended responses on the surveys to help contextualize this.
 - Are there sub-groups of students and/or caregivers who submitted surveys at higher or lower rates (e.g., sub-groups of race, class, gender, student ability level)? Is there anything you can do to ensure your data reflect your class demographics?
- Are there any questions you have for students to get more information? When would be a natural time to ask them?
- Are there things you can do to better communicate what you are trying to improve upon as a practitioner?
- **Change Over Time:** Using prior self-assessment or student data (once you've used this survey multiple times), consider:
 - What are the specific things you have done to change scores?
 - What are the areas in which you have grown? What data suggests this to be true?
 - What are the areas you would like to continue developing? What are your ideas to improve in this area? By when? How will you know?



Social-Emotional Learning Survey: Classroom Safety *(Student, Elementary)*

WHEN TO USE: Distribute to students virtually or in-person to assess the climate students perceive in a virtual classroom.

WHAT IT DOES: Lets students share what is going well in their online classroom and what they would like to see changed

SEL Through Distance Learning: Student Assessment of Classrooms (Grades 3-6)

DIRECTIONS Complete the following chart, assessing how frequently your classroom teacher does the listed things through distance learning and at-home assignments. Then answer the questions to give your teacher more feedback.

CLASSROOM STRENGTH OR GROWTH AREA				
	3 ALWAYS	2 OFTEN	1 SOMETIMES	0 NEVER
My teacher talks to me one-on-one and tells me I am doing a good job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My teacher knows what I like and what I like to do outside of school and talks to me about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My teacher has class online where I get to see the teacher and see my friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My teacher gives me classwork about things I like.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My classwork is about my feelings and things that happened to me, and it makes it easier to tell my family and friends about my feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My classwork helps me learn about other students' lives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are people who look like me in the books and worksheets I read.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My teacher asks me if I feel like I'm learning in class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My teacher gives me a chance to work with my classmates during class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My teachers asks me about how to make the class better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Open-Ended Responses

1) What do you like about your online class?

2) What don't you like about your online class?

Resource from CASEL School Wide SEL, adapted for this guide. For the original copy of this self-assessment, see [SEL through Distance Learning: Teacher Self-Assessment](#).



Social-Emotional Learning Survey: Classroom Safety (Student, Secondary)

WHEN TO USE: Distribute to students virtually or in-person to assess the climate students perceive in a virtual classroom.

WHAT IT DOES: Lets students share what is going well in their online classroom and what they would like to see changed

SEL Through Distance Learning: Student Assessment of Classrooms (Grades 7-12)

DIRECTIONS Complete the following chart, assessing how frequently your classroom teacher does the listed things regarding distance learning and at-home assignments. Then answer the questions to give your teacher more feedback. *Your honest feedback can help your teacher work to improve the learning experience for you and your peers.*

CLASSROOM STRENGTH OR GROWTH AREA				
	3 ALWAYS	2 OFTEN	1 SOMETIMES	0 NEVER
My teacher reaches out to me individually and communicates that my contributions are valuable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My teacher knows me and cares about me; my teacher follows up about topics important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My teacher facilitates virtual class meetings, collaborative classroom websites or forums, or other community-building activities to cultivate a culture of personal connection and belonging.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The learning activities and projects my teacher assigns link to my experiences, things I know, and issues that are important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The learning activities and projects my teacher assigns ask me to identify feelings and reflect on my experiences, and encourage me to talk through topics with family members or peers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The learning activities and projects my teacher assigns affirm my identity and culture.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have opportunities to share and learn about other student lives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My teacher coordinates learning activities in which we are able to engage in small-group discussions, cooperate, and problem-solve with peers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assignments include open-ended questions, and my teacher probes individual students to elaborate on our responses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After completing a project, I reflect on what made my work successful or challenging and make a plan for improvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My teacher regularly requests and receives feedback from me and other students about how distance learning is going and how it could be improved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Open-Ended Responses

- 1) What has your teacher done that was particularly effective during distance learning?
- 2) What could your teacher do better to support you with distance learning?

Resource from CASEL School Wide SEL, adapted for this guide. For the original copy of this self-assessment, see [SEL through Distance Learning: Teacher Self-Assessment](#).



Social-Emotional Learning Survey: Classroom Safety (Caregiver)

WHEN TO USE: Distribute to caregivers virtually, or to students to share with their caregivers, to assess the climate caregivers perceive in a virtual classroom.

WHAT IT DOES: Lets caregivers share feedback about their child's online classroom

SEL Through Distance Learning: Family & Caregiver Assessment of Classrooms

DIRECTIONS Complete the following chart, assessing how frequently your student's teacher does the listed things regarding distance learning and at-home assignments. Then answer the questions to give the teacher more feedback. *Your feedback is invaluable in helping the teacher adjust the virtual classroom environment to meet your student's needs.*

CLASSROOM STRENGTH OR GROWTH AREA				
	3 ALWAYS	2 OFTEN	1 SOMETIMES	0 NEVER
My student's teacher regularly communicates with me at least 1-2 times per month.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My student's teacher connects with me to discuss positive updates on my student's progress, not just when there is a problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My student's teacher provides me with clear, actionable ways to support my student's learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My student's teacher connects with me to hear about how at-home learning is going and provide support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Open-Ended Responses

- 1) Please provide any additional comments on things your student's teacher has done that were particularly effective during distance learning.
- 2) Please provide any additional comments on things your student's teacher could do better to support you with distance learning.

Resource from CASEL School Wide SEL, adapted for this guide. For the original copy of this self-assessment, see [SEL through Distance Learning: Teacher Self-Assessment](#).

BLANK PAGE FOR
PRINTING PURPOSES



Mindfulness Activities Checklist

WHEN TO USE: If students are exhibiting stress, lack of focus, or lack of engagement

WHAT IT DOES: Aids students in managing their emotions and behavior

Mindfulness is the practice of *paying attention*—to our bodies, our thoughts, and the environment around us. Because many of us are not accustomed to being still and listening to the world around us, students may be uncomfortable at first; they may laugh or act silly. This is why it requires practice. When done consistently, it has been proven to improve self-regulation and focus.

The following activities can be done with students of all ages.

MINDFULNESS ACTIVITIES CHECKLIST



☐ MINDFUL BREATHING

Students can do this activity while sitting at their desks or on the floor.

1. Ask students to close their eyes or look down at their hands.
2. Count out loud from 1-5 for each breath in and again for a breath out.
3. Ask students to focus on their breathing and picture the air filling and leaving their lungs.
4. Repeat 3-5 times.

☐ MINDFUL LISTENING

Students can do this activity while sitting at their desks or on the floor.

1. Ask students to close their eyes or look down at their hands.
2. Count out loud from 1-4 for a breath in and again for a breath out.
3. Using a bell, chime, or other calming sound, instruct students to listen to the sound until it disappears.
4. Repeat 3-5 times.

☐ MINDFUL BODY SCAN

Students can do this activity while sitting at their desks or on the floor.

1. Ask students to close their eyes or look down at their hands.
2. Count out loud from 1-4 for a breath in and again for a breath out.
3. Ask students to pay attention to their feet for 10-15 seconds, focusing on how they feel (e.g., warm/cold, tight/relaxed, other sensations).
4. If there is tightness in a body part, advise students to imagine they're breathing the stress out of that body part.
5. Have students repeat this step for each body part as they move upward from their feet (toes, ankles, calves, thighs, stomach, chest, fingers, arms, neck, head).

Continued on next page.



☐ MINDFUL EATING

Students can do this activity while sitting at their desks or on the floor.

1. Ask students to close their eyes or look down at their hands.
2. Count out loud from 1-4 for a breath in and again for a breath out.
3. Instruct students to take small bites of their food and notice all of the different sensations of the food (e.g., Is it cold/hot? What is the texture? What does the chewing sound/feel like? How does your body feel as you swallow?).
4. Encourage students to pause between bites.

☐ MINDFUL WALKING

Students can do this activity inside the classroom or outside.

1. Count out loud from 1-4 for a breath in and again for a breath out.
2. Using tape or another indicator, show students the physical boundaries of the activity.
3. Have students take 5 slow steps forward, backward, left, or right, and then take 5 steps back to where they started.
4. Instruct students to recognize how their body feels while moving (e.g., Do you feel light or heavy? Does the ground feel hard or soft? Are you slouching or holding yourself upright?).
5. Repeat activity in various directions.

☐ MINDFUL GRATITUDE

Students can do this activity while sitting at their desks or on the floor.

1. Ask students to close their eyes or look down at their hands.
2. Count out loud from 1-4 for a breath in and again for a breath out.
3. On a piece of paper or in a journal, instruct students to identify at least 1 thing they feel grateful for today.

Guiding prompts may be:

- Who is someone in your life you appreciate?
- What was something that made you happy today?
- What is something that made you laugh today?
- What is a skill or talent that you have?

- What is one nice thing about someone you don't get along with?
- What is your favorite hobby that you are grateful to get to do?

4. Repeat this practice at the same time everyday.

☐ MINDFUL SENSING

Students can do this activity while sitting at their desks or on the floor.

1. Ask students to close their eyes or look down at their hands.
2. Count out loud from 1-4 for a breath in and again for a breath out.
3. Instruct students to take 1 minute and choose 1 of the 5 senses and think about, or write down, what they are noticing in that moment by using that sense (i.e., seeing, hearing, feeling, smelling, tasting).
4. Repeat for each of the 5 senses.

☐ MINDFUL HEARTBEAT

Students can do this activity while sitting at their desks or on the floor.

1. Ask students to close their eyes or look down at their hands.
2. Count out loud from 1-4 for a breath in and again for a breath out.
3. Instruct students to find their pulse and count how many beats per minute their heart is beating.
4. Ask them to identify how they are feeling and to pick one emotion that is strongest, then ask them to think about how that may impact their heartbeat.
5. Have students jump up and down 10 times, and then have them check their heart rate again.
6. Instruct them to notice the difference between the first and second heart rate (e.g., Is it faster or slower? Do you feel better or worse after jumping?).



Building Developmental Relationships During the COVID-19 Crisis Checklist

WHEN TO USE: To strengthen relationships with students

WHAT IT DOES: Provides concrete steps to build positive relationships with students amid uncertain circumstances

Search Institute's research is demonstrating that when young people experience developmental relationships with parents, educators, youth program staff, and other adults, their outcomes are better, their risk behaviors are lower, and they are more likely to be on the path to thrive in life. Staff in schools and youth programs do not need to and should not stop seeking to build developmental relationships with young people while they are at home during the nation's response to the COVID-19 crisis. Every time you take one of the relationship-building steps below in the critical weeks ahead, place a check next to it and know that you have made a valuable contribution to helping young people weather this storm.

EXPRESS CARE: SHOW ME THAT I MATTER TO YOU.

- ☐ Send a text, email, video, or note that says they matter to you personally and you are thinking about them during this crisis.
- ☐ Ask how they are spending their time at home during the crisis.
- ☐ Tell them that you believe in them and you know they will get through this difficult time, then move on with learning and growing.

CHALLENGE GROWTH: PUSH ME TO KEEP GETTING BETTER.

- ☐ Let young people know that you expect them to keep up with the work of your school or program even though times are difficult; hold them accountable if they don't put in the effort.
- ☐ Encourage or require young people to use the time at home to focus on learning or doing something that they have been struggling with in your class or program.
- ☐ Ask young people what they are or could be doing to help their parents, siblings, or others get through this difficult time.
- ☐ Ask young people to set one personal goal for something they want to achieve during the time away from your school or program, and then periodically check in on their progress.

PROVIDE SUPPORT: HELP ME COMPLETE TASKS AND ACHIEVE GOALS.

- ☐ Ask young people how they are feeling about the world, themselves, and the future during the crisis. Indicate that you really hear them when they respond and that you care about their feelings.
- ☐ Send notes to parenting adults to suggest ways they can help young people stay connected to the work of your class or program while they are at home.

SHARE POWER: TREAT ME WITH RESPECT AND GIVE ME A SAY.

- ☐ Ask young people what rules and norms your class or group should follow as you work together remotely. Give them voice and choice in shaping your new ways of working and being together.
- ☐ Let young people design and/or lead some of the virtual activities and lessons you assign to the class or group.
- ☐ Invite young people to tell you how they think you can support them during their time away from your school or program.
- ☐ After you have been working together via technology for a while, ask young people for their feedback on how it is going and make adjustments to incorporate their feedback into your subsequent work with them.
- ☐ When you can, offer choices rather than mandating a single option.



EXPAND POSSIBILITIES: CONNECT ME WITH PEOPLE AND PLACES THAT BROADEN MY WORLD.

- ☐ Send young people something to watch or read that will be new to them and that you normally wouldn't have time to focus on in your regular class or group.
- ☐ Tell young people about a crisis or difficult experience you went through when you were young and share how that crisis or experience shaped who you are today.
- ☐ Ask young people to use the Web and social media to explore how young people very different from them around the country or around the world are experiencing the response to COVID-19.
- ☐ Create opportunities for young people to evaluate how authorities at the local, state, and national level are responding to the crisis and to consider what they would do differently if they were in power.
- ☐ Hold a virtual chat using video or text with someone who works in the job or field that is the focus of your class or group, but who you would not have been able to connect your students to in person due to distance or other factors.



Download the research-based **DEVELOPMENTAL RELATIONSHIPS FRAMEWORK** which identifies key actions young people need to experience in relationships in order to be resilient and thrive. A total of 20 actions are organized into the five elements listed on this sheet. For the research behind it, visit www.search-institute.org/developmental-relationships/



Self-Care Survey (Educator)

WHEN TO USE: If concerned you (or another educator) are not feeling or functioning at your best

WHAT IT DOES: Assesses engagement in self-care; guides educators to commit to ways to recharge

Self-care can be described as a mindset, coupled with intentional practice, that attends to one's physical, psychological, social, and emotional wellness. Self-care depends not only on preferred activities, but also on holding a non-judgmental view of yourself. Some self-care activities are embedded in our daily routines, while for others we must plan more intentionally. To do our work most effectively, it is crucial that we safeguard our well-being by implementing self-care.

In this survey, you will be asked about self-care practices as they relate to physical, psychological/emotional, workplace, and relationship needs. It can help you reflect on how successfully you are partaking in self-care, and may uncover what activities help you feel and function your best.

DIRECTIONS Complete the following questions and chart, assessing your engagement in self-care activities. Then, use the questions to further analyze your responses and determine possible action steps.

Pre-Reflection Questions

Consider your current practices and mindsets around self-care.

- How important is practicing self-care to you?
 - ☐ Very important/essential
 - ☐ Important
 - ☐ Somewhat important
 - ☐ Not important at all
- How often do you **intentionally** practice self-care?
 - ☐ Daily
 - ☐ Weekly
 - ☐ Monthly
 - ☐ I do not practice self-care.
- If you **intentionally** practice self-care, how much time do you dedicate to it?
 - ☐ 2-3 hours
 - ☐ 1 hour
 - ☐ 30 minutes or less
 - ☐ I do not intentionally practice self-care.
- What barriers, if any, exist that prevent you from practicing self-care on a daily basis?
 - ☐ _____
 - ☐ _____
 - ☐ _____

Physical Self-Care	HOW OFTEN DO YOU DO THIS ACTIVITY?				
	Always	A lot	Sometimes	Never	I would like to try that.
Eat healthy and nutritional meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get enough sleep to recharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise or engage in other physical activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limit or don't engage in unhealthy activities (e.g., smoking, drinking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take scheduled breaks throughout the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take time off when feeling unwell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attend regular health check-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meditate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planned relaxation activity (e.g., spa day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	HOW OFTEN DO YOU DO THIS ACTIVITY				
Psychological/Emotional Self-Care	Always	A lot	Sometimes	Never	I would like to try that.
Positive self-talk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Journaling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Start a new activity/ hobby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read for pleasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Connect with a counselor or coach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learn a new skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spend time with people who make me happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make myself the priority by saying “no” to requests from others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Create a self-care plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask for help when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workplace Self-Care	Always	A lot	Sometimes	Never	I would like to try that.
Set limits with colleagues and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delegate new tasks to others, if possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take uninterrupted breaks, including lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Socialize with positive/supportive colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prioritize workload and set realistic deadlines for myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separate my professional life from my personal life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Say “no” to non-required tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limit the amount of work I take home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask for help when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship Self-Care	Always	A lot	Sometimes	Never	I would like to try that.
Spend time with people (and pets) who make me happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schedule outings with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regularly call family and friends who don’t live nearby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
“Date” my spouse or significant other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel with family and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Set limits and boundaries with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meet new people with shared interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Build a support system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schedule “me” time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Reflection: Consider the following steps to further analyze your responses and determine action steps.

1 Identify:

- Which self-care activities have had the greatest impact on your overall well-being?
- Which self-care activities do you do most frequently?
- Which self-care activities would you like to incorporate more often in your daily routine?

2 Consider:

- Why do you do more self-care activities in some categories, and less in others? Consider awareness, habits, activities you like, or other influences in your life.
- Why do you do the activities you do most frequently? What makes it easy to do them so much?

3 Action Plan:

- Identify one action step you can take in the next week to improve your self-care. Decide when, where, and how you will do this activity.



Self-Care Survey (Student, Elementary)

WHEN TO USE: Distribute to students virtually or in-person if concerned a student is not feeling or functioning at their best.

WHAT IT DOES: Assesses engagement in self-care; guides students to commit to ways to recharge

Self-care is exactly what it sounds like ... taking care of yourself! Self-care can be eating your favorite food (including special treats!), getting enough sleep at night, playing a game with a friend, or anything else you like to do that is good for your body and mind.

Sometimes it can be hard to take care of yourself because of problems with friends, with family, or at school. This worksheet is to help you learn what self-care you already do, and to learn what self-care you might need to start doing to feel your best!

DIRECTIONS Complete the following chart on different activities you do or don't do. Then, think about what activities you'd like to try or to do more.

	HOW OFTEN DO YOU DO THIS ACTIVITY?				
Body Self-Care	Always	A lot	Sometimes	Never	I would like to try that.
Eat healthy food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get enough sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play outside/take walks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take breaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rest when you feel sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to the doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take brain breaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take deep breaths when angry/upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take showers/baths regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brush my teeth every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feelings Self-Care	Always	A lot	Sometimes	Never	I would like to try that.
Be kind to myself when I get something wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Draw pictures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Find new things you like to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learn a new skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spend time with people who make you happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask for help when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk to an adult I know and like about how I feel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	HOW OFTEN DO YOU DO THIS ACTIVITY?				
School Self-Care	Always	A lot	Sometimes	Never	I would like to try that.
Say no to my friends when they do something I don't like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask for brain breaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play with my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get my work done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask for help when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have fun at recess	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat during lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Focus on my work during class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendship Self-Care	Always	A lot	Sometimes	Never	I would like to try that.
Spend time with people (and pets) who make me happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make play dates with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FaceTime with friends and family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Say no when someone does something to me I don't like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make new friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reflection

1 Which activities make you feel the best? Why?

2 Choose one or two activities you want to try to do more to help take care of yourself.



Self-Care Survey (Student, Secondary)

WHEN TO USE: Distribute to students virtually or in-person if concerned a student is not feeling or functioning at their best.

WHAT IT DOES: Assesses engagement in self-care; guides students to commit to ways to recharge

Self-care refers to actions you take that support your physical, psychological, social, and emotional wellness. It is also a *mindset* that recognizes these things as essential to our well-being. Self-care depends not only on doing activities you like, but also on not judging yourself. Some self-care activities are embedded in our daily routines; others are more “special” or require intentional planning. As a student, it is important you make taking care of yourself a priority.

In this survey, you will be asked about self-care practices related to your physical, psychological/emotional, school, and relationship needs. After completing this survey, you will be asked to reflect on your results and what they mean moving forward.

DIRECTIONS Complete the following questions and chart, assessing your engagement in self-care activities. Then, use the questions to further analyze your responses and determine possible action steps.

Pre-Reflection Questions

Consider your current practices and mindsets around self-care.

- How important is practicing self-care to you?
 - ☐ Very important/essential
 - ☐ Important
 - ☐ Somewhat important
 - ☐ Not important at all
- How often do you **intentionally** practice self-care?
 - ☐ Daily
 - ☐ Weekly
 - ☐ Monthly
 - ☐ I do not practice self-care.
- If you intentionally practice self-care, how much time do you dedicate to it?
 - ☐ 2-3 hours
 - ☐ 1 hour
 - ☐ 30 minutes or less
 - ☐ I do not intentionally practice self-care.
- What barriers, if any, exist that prevent you from practicing self-care on a daily basis?
 - ☐ _____
 - ☐ _____
 - ☐ _____

Physical Self-Care	HOW OFTEN DO YOU DO THIS ACTIVITY?				
	Always	A lot	Sometimes	Never	I would like to try that.
Eat healthy and nutritional meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get enough sleep to recharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise or engage in other physical activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limit or don't engage in unhealthy activities (e.g., smoking, drinking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take scheduled breaks throughout the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take time off when feeling unwell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attend regular health check-ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meditate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do a planned relaxation activity (e.g., spa day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	HOW OFTEN DO YOU DO THIS ACTIVITY?				
Psychological/Emotional Self-Care	Always	A lot	Sometimes	Never	I would like to try that.
Have positive thoughts about myself/my abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Journaling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Start a new activity/hobby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read for pleasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Connect with a counselor or coach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learn a new skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spend time with people who make me happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Create a self-care plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask for help when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Care in School	Always	A lot	Sometimes	Never	I would like to try that.
Set limits with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use lunch break to relax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Socialize with peers/friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stay on top of my schoolwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use my time in class effectively to lessen my homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask for help when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask for breaks when I'm feeling overwhelmed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship Self-Care	Always	A lot	Sometimes	Never	I would like to try that.
Spend time with people (and pets) who make me happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schedule outings with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regularly call family and friends who don't live nearby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Set limits and boundaries with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meet new people with shared interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk to a trusted adult when I have a problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reflection: Consider the following steps to further analyze your responses and determine action steps.

(Write responses on a separate paper.)

1 Identify:

- In which categories do you provide the most self-care?
- In which categories do you provide yourself with the least amount of self-care?
- Which self-care activities have had the greatest impact on your overall well-being?
- Which self-care activities do you do most frequently?
- Which self-care activities would you like to incorporate more often in your daily routine?

2 Consider:

- Why do you do more self-care activities in some categories, and less in others? Consider awareness, habits, activities you like, or other influences in your life.
- Why do you do the activities you do most frequently? What makes it easy to do them so much?
- How can you use this information to improve your self-care in new ways?

3 Action Plan:

- Identify one action step you can take in the next week to improve your self-care.
- Check back in a week to see if you've met your commitment, and consider editing it or adding another goal.



ADDRESSING Model Reflection

WHEN TO USE: To better understand your cultural positionality

WHAT IT DOES: Increases awareness of the influences on individuals' thinking and actions; prepares educators to more fully understand influences on their students

Cultural influences shape us—what we think, feel, and do. To understand how, examine the following nine cultural influences (abbreviated by the acronym ADDRESSING) that reflect ways in which individuals do or do not have privileges, power, and resources within our society.*

CULTURAL INFLUENCES	DOMINANT GROUP	NONDOMINANT GROUPS
A ge & generational influences	young/middle aged adults	children, older adults
D evelopmental disabilities & other D isabilities	nondisabled people	people with cognitive, sensory, physical, and/or psychiatric disabilities
R eligion and spirituality	Christian & secular	Muslims, Jews, Hindus, Buddhists, & other minority religions
E thnic and racial identity	European Americans	Asian, South Asian, Latino, Pacific Island, African, Arab, African American, & Middle Eastern people
S ocioeconomic status	upper & middle class	people of lower status by occupation, education, income, or inner city/rural residence
S exual orientation	heterosexuals	people who identify as gay, lesbian, or bisexual
I ndigenous heritage	European Americans	American Indians, Inuit, Alaska Natives, Métis, Native Hawaiians, Chamorro people of Guam
N ational origin	U.S.-born Americans	immigrants, refugees, & international students
G ender	men	women, transgender, & nonbinary people

Note: groups represented within this ADDRESSING model are reflective of those within the United States and Canada.

This table and the following exercise are from Hays, P.A. (2013). Connecting across cultures: The helper's toolkit. SAGE, pp. 15-16. Original version published in Hays, P.A. (2008). Addressing cultural complexities in practice: Assessment, diagnosis, and therapy. APA.

*Hays, P.A. (2013). Connecting across cultures: The helper's toolkit. SAGE.



CULTURE SKETCH

Using this framework as a mirror, you can begin to explore the cultural influences in your life.

Age and generational influences: When you were born, what were the social expectations for a person of your identity? Do you identify with a particular generation (e.g., baby boomers, Gen X or Y, second-generation immigrant)? How have your values and worldview been shaped by the social movements of or influences on your generation (e.g., the Great Depression, World War II, the Vietnam War, the women's movement, Stonewall, Americans with Disabilities Act, the civil rights movement, social media, an economic downturn, political events in another country)?

Developmental or other Disability: Do you identify as someone living with a visible disability or a nonvisible disability (e.g., chronic pain, psychiatric, or learning disability)? If no, has your personal or professional life been affected by others with disabilities (e.g., friend, family member, partner, or coworker with a disability)? How have your abilities or disability affected your life and opportunities?

Religion and spirituality: Were you brought up in a religious or spiritual tradition? Do you identify with a religion or have a spiritual practice now? How were your values and goals shaped by your religious or non-religious upbringing?

Ethnic and racial identity: What do you consider your ethnic or racial identity? If you were adopted, what are the identities of your biological and adoptive parents? How do other people identify you? Are these the same? Are there ethnic or racial differences within your family?

Socioeconomic status: What social class did you grow up in, and what do you consider your socioeconomic status now? When you were in high school, what were the educational and work opportunities available to you?

Sexual orientation: Do you identify as gay, lesbian, bisexual, or heterosexual? If you are heterosexual, do you have a family member or friend who is gay? Is your family accepting of a gay member?

Indigenous heritage: Do you belong to a Native tribe or nation (e.g., Native Hawaiian, First Nations, Alaska Native, or American Indian)? Did you grow up on or near a reservation or Native community? Do you seek to connect or reconnect with your Native community?

National origin: Are you a U.S. citizen, an international student, or immigrant? Were you born in the United States? Do you (and your parents and grandparents) speak English as a first language? How has your nationality affected your life and opportunities?

Gender: What were and are the gender-related roles and expectations for you in your family of origin and current family, in your work setting, and in relation to your other cultural identities? How have these expectations affected your choices in life?

Now look back over your sketch and see if there is anything that strikes you about it. You may notice that this brief description only touches the surface; there are many layers to who you are. It can be helpful to discuss one's sketch with a partner or in a small group, sharing whatever you feel comfortable with but also listening to the sketches of others.

RESOURCES



The following websites, documents, books, and other materials may be useful for educators seeking additional support for issues and topics highlighted in this guide.

Resources to Support the Uncertainty Mindset Framework

DIALOGUE	CLIMATE
<p><i>Not Light but Fire: How to Lead Meaningful Race Conversations in the Classroom:</i> Career teacher Matthew Kay shares classroom strategies and practices for how to lead students through the most difficult race conversations.</p> <p><i>Including Voice in Education: Addressing Equity Through Student & Family Voice in Classroom Learning:</i> These strategies and suggested practices from the Institute of Education Sciences' (IES) Regional Education Laboratory Program (REL) can help teachers foster culturally responsive classrooms.</p> <p><i>New Ways to Engage Parents: Strategies and Tools for Teachers and Leaders, K-12:</i> Educator and writer Patricia Edwards offers practical advice on how to welcome and encourage parent and family engagement in schools.</p>	<p><i>Welcoming Schools:</i> These elementary-school professional development resources developed by the Human Rights Campaign (HRC) focus on creating LGBTQ+ and gender-inclusive schools; includes activities, lesson plans, book lists, and trainings.</p> <p><i>A Place of (Remote) Belonging:</i> Writer Emily Boudreau offers practical tips about how to build classroom community in the virtual space.</p> <p><i>Well-Being and Connection During COVID-19:</i> The Colorado Department of Education provides strategies for developing and maintaining positive connections in support of a positive school climate.</p>
EQUITY	REFLECT & EVALUATE
<p>Teaching Tolerance</p> <p><i>Special publications:</i> These resources to support anti-bias teaching cover a wide range of topics, including race, gender identity, LGBTQ+ issues, school discipline, and civil rights instruction.</p> <p><i>Supporting Students Through the Coronavirus:</i> This curated list of COVID-19-specific articles and resources focuses on student well-being and learning through a lens of equity.</p> <p><i>Supporting Students with Learning Disabilities During School Closures:</i> Experts from the California Collaborative for Educational Excellence offer tips and strategies for successful inclusion in the virtual environment.</p> <p>Research Educational Laboratory Program: English Learner Supports</p> <p><i>Adapting Instruction for English Learner Students During Distance Learning</i></p> <p><i>Guidance for Navigating Remote Learning for English Learner Students</i></p> <p><i>Promoting Racial Literacy in Schools:</i> Psychologist and professor Howard Stevenson explains how racial stress undermines student achievement and workable strategies for students and educators to navigate racially stressful encounters.</p> <p>(See also: ADDRESSING Model Reflection on p. 60)</p>	<p><i>COVID-19: A Period of Learning and Reflecting for Educators:</i> Winners and finalists of the Sue Lehmann Excellence in Teacher Leadership Award share their experiences teaching during the pandemic.</p> <p><i>On Teacher Inquiry:</i> Editors Dixie Goswami, Ceci Lewis, Marty Rutherford, and Diane Waff offer a primer on collaborative inquiry and the power of teacher inquiry communities.</p> <p><i>Teaching for the Students: Habits of Heart, Mind, and Practice in the Engaged Classroom:</i> Educator Bob Fecho provides a framework for helping teachers develop more reflective practices and create classrooms built on dialogue, inquiry, and critique.</p>

Additional Resources

COVID-19 Information

BrainPop: Coronavirus: Standards-aligned Coronavirus lessons for grades 3-12; includes supplemental materials on viruses, personal hygiene, and distance learning

COVID-Explained: Straight-forward, fact-based information about COVID-19—how it spreads, how masks work, assessing risks, and more—from a team of immunologists, economists, biochemists, physicians, and students; includes infographics and sense-making of the most up-to-date data and studies

PBS Virus Information & Prevention: From PBS Learning Media, straightforward information about virus spread and prevention, including lessons and teaching resources for PK-12

Virtual Learning

WideOpenSchool: Clearinghouse for vetted online-teaching resources for PK-12

School Virtually: Supports educators, students, and families in online learning; includes specific supports for English Language Learners and students with learning differences

Newsela: Standards-aligned content for K-12 online learning in social studies, science, and ELA, with a new collection on integrating SEL into the curriculum; also highlights differentiating instruction in the online environment

John Spencer's Virtual Learning Hub: A trove of resources—articles, videos, webinars, toolkits, an eBook, and a comprehensive course—to help educators craft meaningful virtual learning experiences

Mental Wellness

MINDFULNESS

Headspace for Educators: Self-care for teachers as well as exercises and resources for implementing mindfulness in the classroom

Mindful: Resources for implementing mindfulness in education

(See also: **Mindfulness Activities Checklist** on p. 49)

SELF-CARE

COVID-19 Resilient Educator Toolkit: Supports teachers in developing resiliency in teaching during the pandemic

Supporting Students' Self-Care Virtually: From Responsive Classroom, a helpful set of guiding questions to help students develop a self-care routine at home

(See also: **Self-Care Surveys** on p. 53)

TRAUMA-INFORMED PRACTICES

Child Trauma Toolkit for Educators: Factual information on the psychological and behavioral impacts of trauma, and suggestions for how educators can help; from the National Child Traumatic Stress Network (NCTSN)

Trauma-Informed Approach to Teaching Through Coronavirus: An overview of the challenges students are facing amid the pandemic and key approaches educators can take; from Teaching Tolerance and NCTSN

Trauma Informed Planning Strategies to Help Students Transition Back to School in the Era of COVID-19: A trauma fact-sheet infographic by Regional Educational Laboratory (REL)-Mid-Atlantic

Social-Emotional Learning (SEL)

CASEL (Collaborative for Academic, Social, and Emotional Learning): Curated resources for implementing evidence-based SEL practices, focusing on school- and classroom-based practices that help students and educators alike explore and express emotions, build relationships, and support each other

(See also: **Social-Emotional Learning Surveys**, adapted from CASEL resources, on p. 43)

Responsive Classroom: Resources, materials, and professional development opportunities for implementing equity-based SEL

Second Step COVID-19 Response: Back-to-school resources from the Committee for Children that include remote, hybrid, and in-person learning supports; includes activities, lessons, and professional development



www.gse.upenn.edu/planning-for-uncertainty