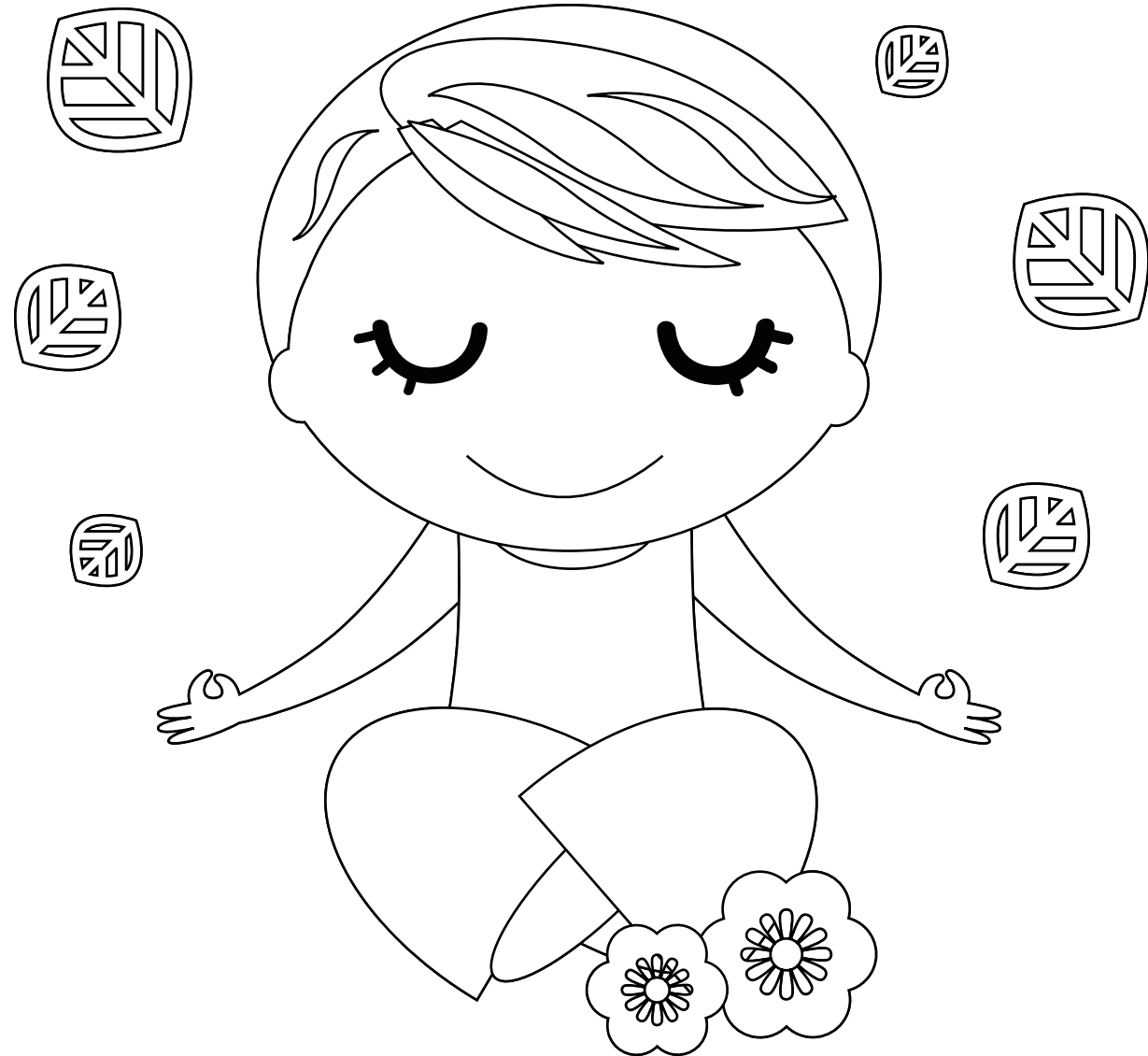


ALL ABOUT STAYING CALM



Name: _____

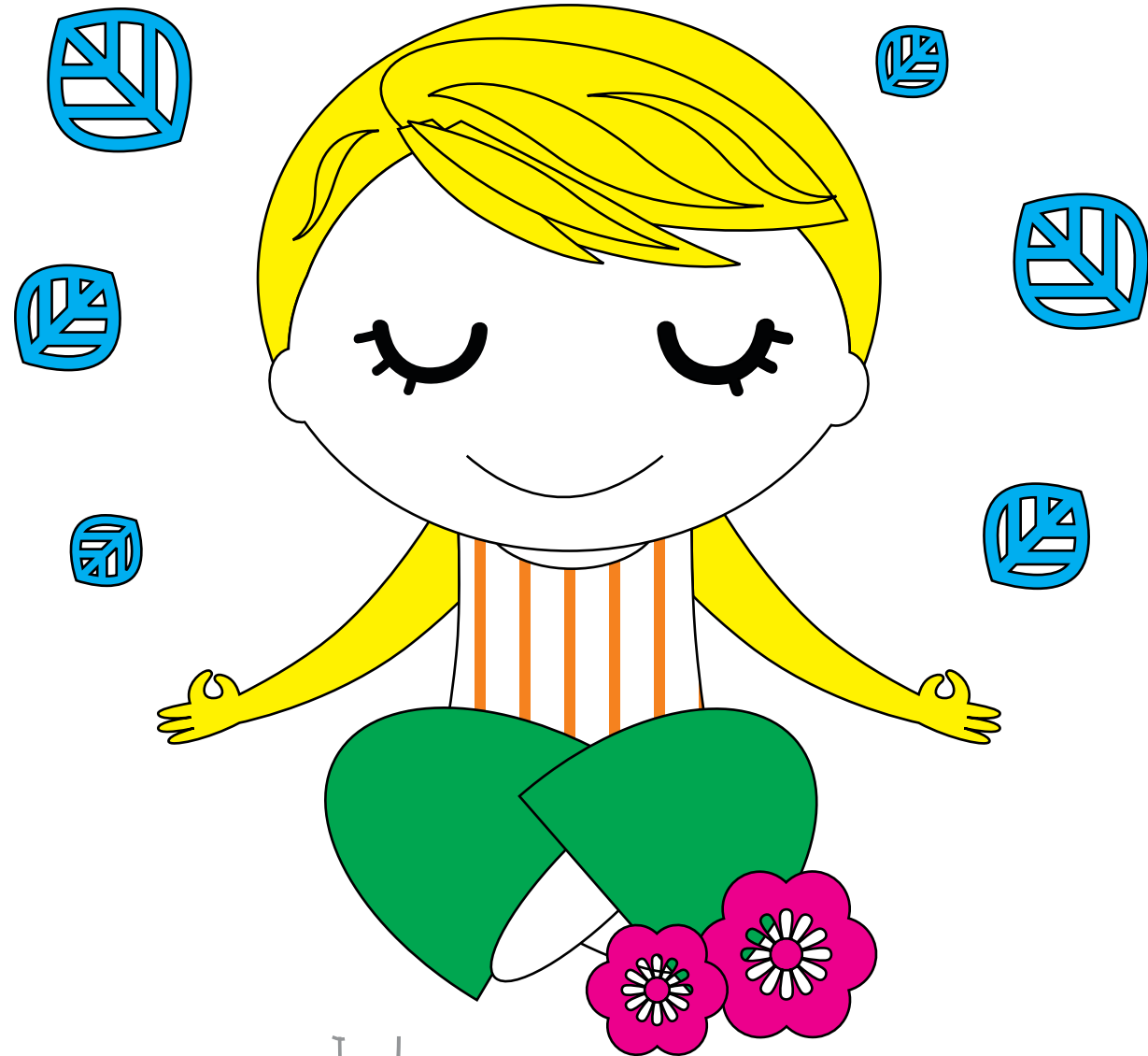
Directions:

WHAT DO YOU PREFER TO DO TO STAY CALM AND IN CONTROL?

1. Deep breathing? If yes, color the hair yellow. If no, color the hair brown.
2. Meditation? If yes, color the flowers pink. If no, color the flowers blue.
3. Write in a journal? If yes, draw dots on the shirt. If no, draw stripes on the shirt.
4. Listening to loud music? If yes, color the pants red. If no, color the pants green.
5. Going to a quiet place by yourself? If yes, color the leaves green. If no, color the leaves blue.
6. Exercise? If yes, color the arms yellow. If no, color the arms pink.

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ALL ABOUT STAYING CALM



Name: John

Directions:

WHAT DO YOU PREFER TO DO TO STAY CALM AND IN CONTROL?

1. Deep breathing? If yes, color the hair yellow. If no, color the hair brown.
2. Meditation? If yes, color the flowers pink. If no, color the flowers blue.
3. Write in a journal? If yes, draw dots on the shirt. If no, draw stripes on the shirt.
4. Listening to loud music? If yes, color the pants red. If no, color the pants green.
5. Going to a quiet place by yourself? If yes, color the leaves green. If no, color the leaves blue.
6. Exercise? If yes, color the arms yellow. If no, color the arms pink.

ALL ABOUT ME GLYPHS

ALL ABOUT ME

Name: _____

Directions:

1. Color in the eyes the same color as you.
2. What day is your birthday? If 1st-15th, mouth pink.
3. If your birthday is in the _____ of the year.
4. How old are you? Write the number on the _____.
5. Do you have any pets? If yes, color it.
6. Do you have any sisters? If yes, color it.

Draw dots on the _____ to show how to decorate each letter. If you have a short first name you can fill in the remaining spaces by following the key.

KEY

First Letter	Second Letter	Third Letter	Fourth Letter	Fifth Letter
What is your favorite school subject?	What is your favorite food?	What is your favorite animal?	What is your favorite color?	What is your favorite season?

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ALL ABOUT MY FUTURE

Name: _____

Directions: WHEN YOU GET OLDER.....

1. Do you want to go to college? If yes, color it.
2. Do you want to have children? If yes, color it.
3. What job do you want? Write it down in the _____.
4. Do you want to travel all over the world? If yes, color the gears purple.
5. Do you want to drive a car or a motorcycle? If yes, color the wheels red.
6. Do you want to live in the city or the country? If yes, color the buttons yellow. If in the country, color the buttons green.

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ALL ABOUT MY FAVORITE FOODS

Name: _____

Directions:

1. Do you like to cook? If yes, color the _____.
2. Do you like to eat cupcakes? If yes, color the cupcakes green.
3. Do you like to eat pizza? If yes, color the pizza.
4. Do you like to eat carrots? If yes, color the carrots.
5. If your favorite meal of the day is _____.

Key: Breakfast - yellow; Lunch - green; Dinner - blue.

Draw your favorite fruit on the apron.

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MY FAVORITES

Name: _____

Directions:

1. Pick your favorite school subject and draw those eyes.
2. Pick your favorite sport and draw that mouth.
3. Pick your favorite type of music and draw that type of hair.
4. Pick your favorite type of food and draw that type of body.
5. Pick the flavor ice cream you like best and draw that design on the pants - Vanilla: circles; Chocolate: stripes; Strawberry: hearts.

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ALL ABOUT EXERCISE

Name: _____

Directions:

1. Do you like to exercise? If yes, color the eyes green.
2. If your favorite way to move is _____.
3. Do you like to go hiking? If yes, color the hair black.
4. If your favorite outdoor game is _____.
5. Can you ride a bicycle? If yes, color the boy's eyes blue.

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ALL ABOUT MOTION

Name: _____

Directions:

1. Do you like to spin on a carousel or spinning top, color the stars blue.
2. Do you like to swing? If yes, put orange dots the shirt.
3. Do you like to go upside down? If yes, color the hair yellow.
4. Do you like to climb up high? If yes, color the hair blue.
5. Do you ever get sick riding in a car? If yes, color the face yellow.
6. Do you like to go to the playground? Yes I do. Sometimes - draw stripes on the gloves. I do on the gloves.

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ALL ABOUT THE SENSE OF TOUCH

Name: _____

Directions:

1. Do you like hugging and cuddling? If yes, color the hearts red.
2. Do you like messy play such as mud, sand, brown. If no, color the girl's dress blue.
3. Do you like to try new foods? If yes, color both of the mouths purple.
4. Do you like to take baths and/or showers? color the boy's hair orange.
5. Do you like to wear socks? If yes, color the legs purple.
6. Do you like brushing your hair? If yes, color the girl's hair black.

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ALL ABOUT BODY AWARENESS

Name: _____

Directions:

1. Do you maintain your personal space by keeping yourself and your friends? - Yes all the time: color the boy's shirt blue. No it is very hard: color the arms orange.
2. Do you sit during group activities and keep your time: color all the arms pink. Sometimes: color the arms orange.
3. Do you love to rough house and participate in the legs green. If no: color all the legs blue.
4. Do you bump into people or objects often? Yes: color the girl's dress blue. No: draw stripes on one of the girl's dresses. No: draw stripes on one of the girl's dresses.
5. Can you do a jumping jack? Yes: color all the arms yellow. No: color the arms pink.
6. Can you zip your coat? Yes: color all the mouth.

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ALL ABOUT STAYING CALM

Name: _____

Directions:

1. Deep breathing? If yes, color the hair yellow. If no, color the hair brown.
2. Meditation? If yes, color the flowers pink. If no, color the flowers blue.
3. Write in a journal? If yes, draw dots on the shirt. If no, draw stripes on the shirt.
4. Listening to loud music? If yes, color the pants red. If no, color the pants green.
5. Going to a quiet place by yourself? If yes, color the leaves green. If no, color the leaves blue.
6. Exercise? If yes, color the arms yellow. If no, color the arms pink.

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