**Self-Regulation Student Survey**

**Name:**

1. **When do you feel most calm and relaxed at school?**



1. **What helps you to feel this way?**

1. **What makes you feel anxious or stressed when you are at school?** 
2. **What do you think can be done to help reduce the feeling of anxiety and worry at school?**
3. **Are there things in the classroom that make it difficult for you to concentrate during independent work time?**

1. **If you could change something in your classroom to help you concentrate, what would you change and why?**