Anxiety

Pre/Post assessment *(delete as applicable)*

NAME: _____ *DATE:* _____

Skill	Ability					Total
	1 Very Poor	2	3	4	5 Very good	
Able to seek help from an adult for anxiety and worries						
Able to recognise unhelpful thoughts						
Recognises physical symptoms of anxiety						
Can use a range of calming techniques for anxiety and worries						
Can identify and talk about things that make them feel worried						
					GRAND TOTAL	

ADDITIONAL COMMENTS ON Anxiety, INCLUDING ANY PARENTAL CONCERNS

Targets to work on:

1.
2.
3.

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