# Counseling Worksheet

Name of Student: _____

| Part(s) of stress or trauma: | Feelings Thermometer Rating |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Part(s) that the student will work on in imagination, writing, or drawings:

| | |
|---|---|
| | |
| | |
| | |

Part(s) that the student will work on by talking to the group:

| | |
|---|---|
| | |
| | |
| | |