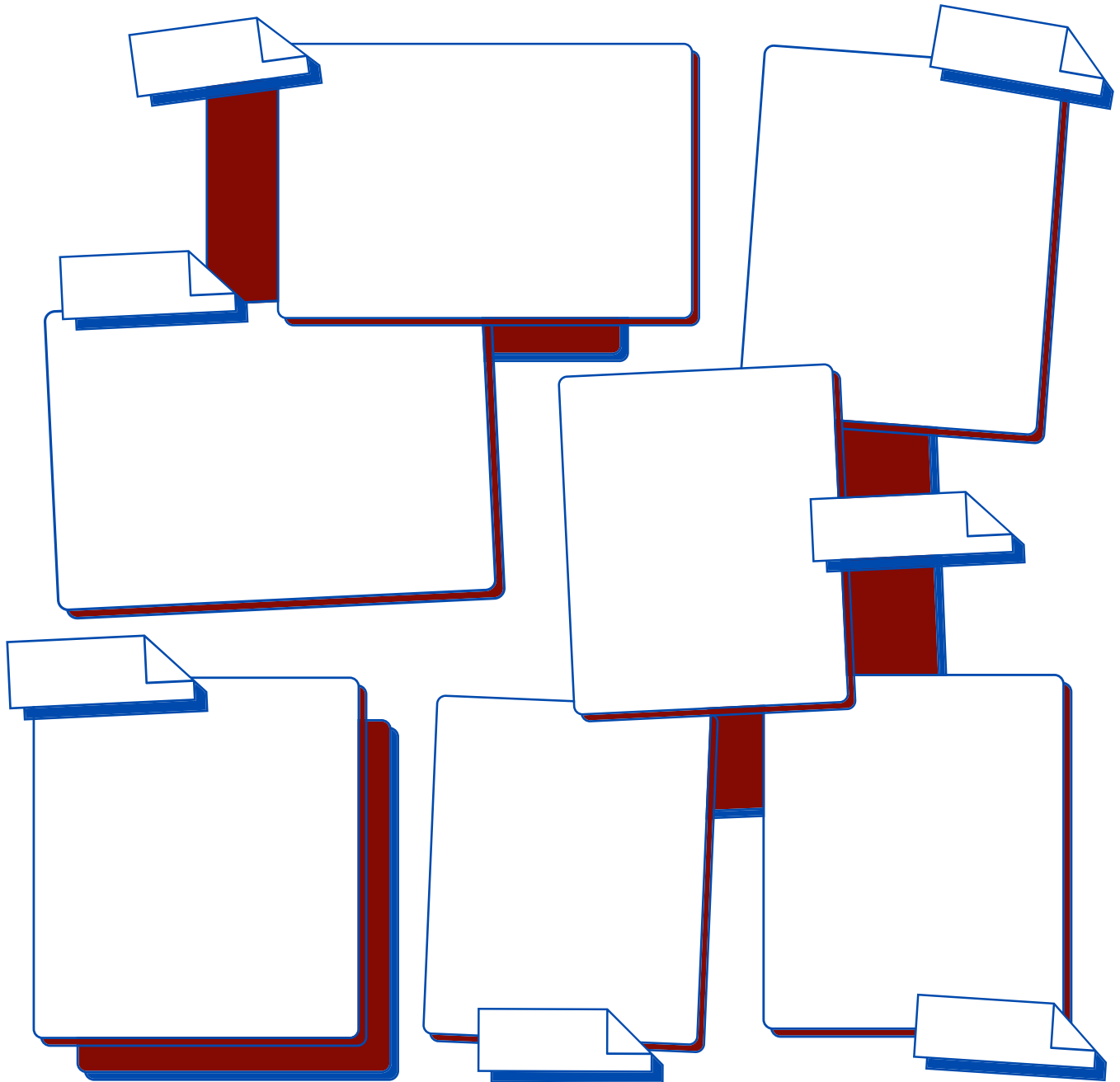


Name _____ Date _____ Year _____

MY SELF-CARE PLAN



In-the-moment Stress Management Techniques:
