

## Teacher Reaction Survey

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Teacher \_\_\_\_\_ Date \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_

As you know, students throughout \_\_\_\_\_ [school name] have been learning problem-solving skills in the Social-Emotional Learning Lab, some of which are explained on the attached page. In an effort to evaluate the effectiveness of the program, we would appreciate your feedback on your student's improvement in the classroom resulting from the Lab. Please feel free to include any comments you feel may be appropriate. Please return this survey to your student's homeroom teacher or \_\_\_\_\_ [school counselor].

**1. Overall, I believe that:**

- a. The Social-Emotional Learning Lab (SEL Lab) is a useful intervention.  
Strongly Agree    Agree    Not Sure    Disagree    Strongly Disagree
- b. The procedure of teachers and parents referring students to the SEL Lab works effectively.  
Strongly Agree    Agree    Not Sure    Disagree    Strongly Disagree
- c. My student achieved the objectives I listed on the Referral Form.  
Strongly Agree    Agree    Not Sure    Disagree    Strongly Disagree

**2. Overall, I believe that after attending the SEL Lab, my student:**

- a. Could better problem-solve in the classroom.  
Strongly Agree    Agree    Not Sure    Disagree    Strongly Disagree
- b. Demonstrated more of an awareness of the feelings of others and of himself/herself.  
Strongly Agree    Agree    Not Sure    Disagree    Strongly Disagree
- c. Was better able to cope effectively with hassles and problems in the classroom.  
Strongly Agree    Agree    Not Sure    Disagree    Strongly Disagree
- d. Was better able to get along with other students and peers in the classroom.  
Strongly Agree    Agree    Not Sure    Disagree    Strongly Disagree

**3. What do you perceive to be the strengths of the SEL Lab?**

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**4. What areas do you perceive to be in need of improvement?**

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## **Brief Description of Social-Emotional Learning Skills**

- Speaker Power—Holding a visual object that shows who has the “power” to speak while others are quiet listeners (skill of respect).
- Listening Position—Sitting/standing up straight, eyes on the speaker and quiet.
- Active Listening—Repeating and/or paraphrasing. Can also be head-nodding, eye contact, and asking questions relevant to the speaker’s topic.
- Keep Calm (5-2-5)—A skill for emotional regulation: Breathe in for 5 seconds, hold for 2 seconds, and breathe out for 5 seconds. May be repeated until heart rate and breathing have returned to a regular pace.
- BEST—Stands for Body posture, Eye contact, Say appropriate words, Tone of voice.
- FIG TESPAN—An 8-step decision-making/problem-solving process:
  - F—Identify Feelings
  - I—Identify the problem
  - G—Goal
  - T—Think of solutions
  - E—Envision consequences
  - S—Select the best solution
  - P—Plan it/try it
  - N—Notice what happens
- Level 2 Feelings—16 basic feelings used in the SEL Lab:

□ Angry	□ Nervous
□ Excited	□ Proud
□ Frustrated	□ Sad
□ Glad	□ Safe
□ Happy	□ Scared
□ Hopeful	□ Surprised
□ Lonely	□ Tired
□ Mad	□ Worried

## Parent Reaction Survey

Student \_\_\_\_\_ Grade \_\_\_\_\_

Teacher \_\_\_\_\_ Date \_\_\_\_\_

As you know, students throughout \_\_\_\_\_ [school name] have been learning problem-solving skills in the Social-Emotional Learning Lab, some of which are explained on the attached page. In an effort to evaluate the effectiveness of the program, we would appreciate your feedback on your child's improvement at home resulting from the Lab. Please feel free to include any comments you feel may be appropriate as well. Please return this form to your child's homeroom teacher or the school's counselor, \_\_\_\_\_ [school counselor].

**1. Overall, I believe that... (Circle one.)**

a. The Social-Emotional Learning Lab (SEL Lab) is a useful intervention.

Strongly Agree    Agree    Not Sure    Disagree    Strongly Disagree

b. The procedure of teachers and parents referring students to the SEL Lab works effectively.

Strongly Agree    Agree    Not Sure    Disagree    Strongly Disagree

c. My child achieved the objectives I listed on the Referral Form.

Strongly Agree    Agree    Not Sure    Disagree    Strongly Disagree

**2. Overall, I believe that after attending the SEL Lab, my child... (Circle one.)**

a. Could better problem-solve in the classroom and at home.

Strongly Agree    Agree    Not Sure    Disagree    Strongly Disagree

b. Demonstrated more of an awareness of the feelings of others and of himself/herself.

Strongly Agree    Agree    Not Sure    Disagree    Strongly Disagree

c. Was better able to cope effectively with hassles and problems in the classroom and at home.

Strongly Agree    Agree    Not Sure    Disagree    Strongly Disagree

d. Was better able to get along with other students and peers in the classroom and at home.

Strongly Agree    Agree    Not Sure    Disagree    Strongly Disagree

**3. What do you perceive to be the strengths of the SEL Lab?**

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**4. What areas do you perceive to be in need of improvement?**

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Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

## **Brief Description of Social-Emotional Learning Skills**

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□ Happy	□ Scared
□ Hopeful	□ Surprised
□ Lonely	□ Tired
□ Mad	□ Worried

We encourage you to keep this page and practice these skills and feelings with your child, allowing him or her to become more familiar with social decision-making and problem-solving skills.

If you have any additional questions or comments, please contact [school counselor] at [contact information].

## Student Reaction Survey

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Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

1. Why did you start coming to the Social-Emotional Learning Lab?

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2. What did you learn in the Lab?

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3. Did you enjoy coming to the Lab? What did you enjoy or not enjoy?

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4. Do you use things you learned in the Lab at home or in your classroom?

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5. What skill do you think is most helpful or that you used the most often? Why?

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6. What would you change about the Lab?

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7. How much do you think the Lab has helped you? (Circle one.)

Not at all

I learned  
a few things

Sort of  
helpful

Helpful

Definitely  
very helpful

## Developing Positive Feelings About Myself

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I feel good about myself when...

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

I am proud of myself when...

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

My family is proud of me when...

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

My friends like these things about me:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

I am a good person because...

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

## Feelings Check In/Out (Level 2)

### How Are You Feeling Today?

Check In

Check Out

#### Directions:

Select a color and circle how you're feeling now (Check In) and later (Check Out).



**Hopeful**



**Glad**



**Angry**



**Proud**



**Safe**



**Scared**



**Happy**



**Sad**



**Worried**



**Mad**



**Frustrated**



**Tired**



**Surprised**



**Lonely**



**Excited**



**Nervous**

Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

## Good Listening Position

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A Good Listening Position demonstrates respect for the speaker.



Elements of a Good Listening Position:

1. Sitting or standing up straight
2. Eyes on the speaker
3. Mouth closed (no talking)

# My Anger Thermometer

I feel this way when...

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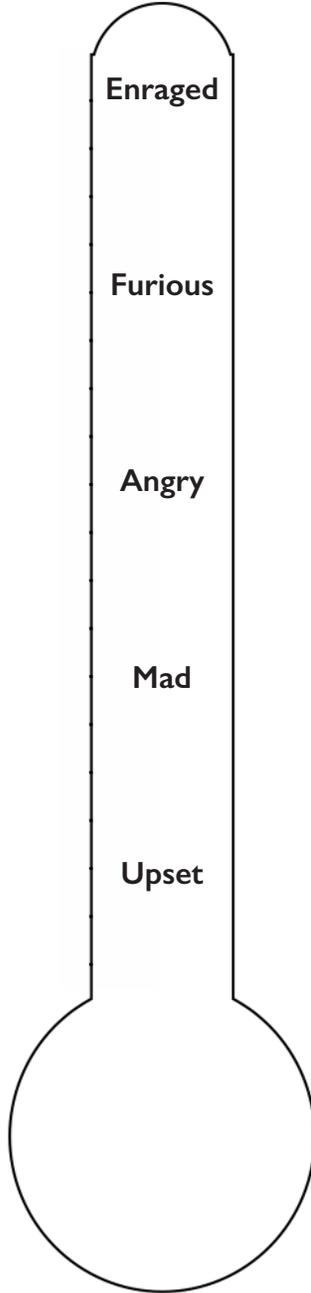
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This is how I handle it:

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Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

## Values Ranking List

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What is important to YOU?

**Directions:**

Rank the values listed in the left-hand column in order of importance to you. Please record your responses in the appropriate column using 1 as the value you would identify as the MOST important and 14 (or 15, if you list an “other” value) as the LEAST important.

	Parent	Other (grandparent, sibling, friend, etc.)	Self
Books (reading)			
School			
Religion			
Music (listening)			
Family			
Clothes			
Friends			
Popularity			
Money			
Success			
Freedom			
Honesty			
TV (watching)			
Social Media			
Other (You can name one that is not listed above.)			

Once you have completed the Self column, cover or fold over the list and ask a parent to follow the same directions for what is important to them. Then ask someone else (grandparent, sibling, friend, etc.) to rank the values in order of importance to them.

Your responses and the others’ will be discussed in class.

Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_