



NAME \_\_\_\_\_ GRADE \_\_\_\_\_

# back2 SCHOOL

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Y O U R F I R S T D A Y

What is your teacher's name? \_\_\_\_\_

Did you make a friend? \_\_\_\_\_

What was the best part of your day? \_\_\_\_\_

What was the hardest part of your day? \_\_\_\_\_

What was the easiest part of your day? \_\_\_\_\_

How did you feel when you got to school today? \_\_\_\_\_

How did you feel when you left school today? \_\_\_\_\_

What are you looking forward to tomorrow? \_\_\_\_\_