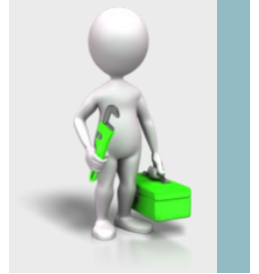


Self Management Plan



Name: _____ Program: _____

Date: _____ Term: _____ Week: _____

Possible Triggers
What does this look and feel like?
What can I help do to manage the situation?