

### Tolerating Change Coping Strategies Graphic Organizer

Student name: \_\_\_\_\_ Is this strategy working for me? \_\_\_\_\_

Date & Time	What happened? What change did I have to deal with?	How did I deal with this change? What "feel better" plan did I use?	Effectiveness of strategy (1 – 5) 1 = Did not help at all  5 = Made me feel 100% better