

# How are you doing today?

We miss seeing your face everyday at Oriskany CSD! We'd love to have you check-in today to tell us how you're doing!

\* Required

1. Email address \*

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2. What is your name? First and last, please! \*

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3. What grade are you in? \*

*Mark only one oval.*

- ☐ Pre-K, Kindergarten, First
- ☐ Second or Third
- ☐ Fourth, Fifth or Sixth
- ☐ Seventh, Eighth or Ninth
- ☐ Tenth, Eleventh or Twelfth

4. Today I am feeling... \*

Check all that apply.



☐ Happy



☐ Relaxed



☐ Anxious/Nervous



☐ Bored



☐ Angry/Agitated



☐ Sad



☐ Confused



☐ Stressed

Other: ☐ \_\_\_\_\_

5. What is one thing you've done today that you enjoy? \*

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6. Is there something you'd like to chat with someone about from our counseling team? \*

*Mark only one oval.*

☐ Yes, I'd like to touch base with someone from the school counseling team.

☐ No, I don't need to chat right now.

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