

EXIT TICKET

Please fill out the ENTIRE card, fold it in half and turn it in to your teacher.

Name _____

Classroom Teacher _____

After learning about mental health,

- I would like** to talk to a trusted adult **very soon**.
- I would like** to talk to a trusted adult **sometime this week**.
- I do not need** to talk to a trusted adult now, but if/when I do, I will reach out to:



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