

MY HELPFUL ADULTS



<input type="checkbox"/>	NAME	_____	<input type="checkbox"/>
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<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>

I CAN CALL OR TEXT MY HELPFUL ADULTS IF I AM SAD, HURT OR SCARED. IF ONE OF THEM CAN'T HELP, I CAN CALL ANOTHER ADULT.