

Parent to Parent Back from Lockdown Toolkit



A collection of Ideas & Strategies to support parents and young people to get back to School After Lockdown

Sleep

Problem solving/making a plan/goal setting



In response to our successful 'Returning to School After Lockdown 'survey which was sent out to Young People and their families, we have

sourced and collated a selection of printable worksheets and activities to help support some of the young people's biggest concerns and to encourage the young people to plan and set themselves goals for their return to school. Thank you to each and every one for sharing their thoughts and worries with us.

All these resources are available from the links to the organisation that has developed them on the bottom of each page. Or can be sourced through a 'google search'. Please use what you need from this resource to help you and your young person work towards feeling more confident and prepared for returning to school.



Sleep

Sleep is more important than you may think. Do you think you get enough sleep? Not getting enough sleep makes us feel heavy, groggy, emotional and can make learning difficult. When we feel tired, we are not at our best.

Below are some important and interesting facts about sleep and strategies and activities to help support your develop a healthy sleep routine.





MY SLEEP PRESCRIPTION

Bed Time: ______

DAY OF THE WEEK				
DATE				
Q1 What time did you go to bed?				
Q2 What time did you try to go to sleep?				
Q3 What time did you fall asleep?				
Q4 Home many times did you wake up during the night?				
Q5 In total, how long did these awakenings last (minutes)?				
Q6 What time was your final awakening?				
What time did you get out of bed to start your day?				
Q8 Note anything that interfered with your sleep				

	End of week calculations
	Easy calculations at
001	mysleepwell.ca/calculator

My sleep duration (typical night): _____ My sleep efficiency (typical night): _____

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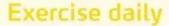
Stick to a schedule

Waking up and going to bed at the same time every day (yes, even on the weekends!) helps your body develop a routine. That could help you fall asleep faster and stay asleep longer.4



Eat healthy

Try to eat a well-balanced diet with limited saturated fats and sugars, reduce snacking after 9 p.m., and eat light portions for dinner.⁵



Exercising can improve how well and how long you sleep. For some people, exercising late in the day can actually make it harder to sleep. Try to vary the timing of your exercise to find the schedule that works best for you.



Limit screen time

The blue light on phones, computers and TVs can actually trick the brain into thinking it is daytime. Experts recommend staying away from screens two to three hours before bed.⁶



Teen Sleep Tips



OTHER USEFUL INFORMATION







40%

** SLEEP DIARY **



Good sleep is important for the health and happiness of every person, no matter how old or young. Without getting enough sleep, it can be hard to stay awake, pay attention, and enjoy the day.

Did You Know?

Getting enough sleep helps you stay healthy, safe, and feeling good.

A good night's sleep will help...

- * You remember what you learned all day.
- * You have more energy for sports and playing.
- * Your body fight germs and illness better.
- * You to pay attention.
- * You feel better about yourself!



Tips To Help You Get A Good Night's Sleep

Do:

- * Sleep 10 to 11 hours (ages 5-12) every night.
- * Go to bed at the same time every night.
- * Follow a bedtime routine by doing the same relaxing activities every night before bed – like reading or listening to quiet music.
- * Exercise during the day.
- * Have a light snack or warm glass of milk before bed, if you are hungry.
- * Keep your bedroom cool, dark, and quiet.

Do Not:

- * Stay up late.
- * Go to bed at different times each night.
- * Watch TV or play video games because they can disturb your sleep.
- * Exercise too close to bedtime (3 hours or sooner).
- * Drink soda or eat chocolate because they contain caffeine, which can make it hard to sleep.
- * Have TV's, computers, video games, loud noises or bright lights in your bedroom. They can bother you while you sleep.

This **Sleep Diary** is a fun way to help you, your parents and your doctor talk about the importance of sleep. Each day you will answer several questions about your sleep. Starting any day of the week, fill out the sleep diary for seven days. The last page has an activity for the end of the week.

HAVE FUN!



_	(Write	e your name he	are)	's S	lee	D Di	arz	
Fill in these b	lanks with you	•						
	I am		years o	ld and ir	1	gra	de.	
	This is the	he week	of	(Month)		(Date)	,(<u>)</u>	(ear)
	<u>nplete</u>			ing t	o Bed	1		
	did you di			/I I C	· · · · 1 · 1	. 1 1	1 1	1
	nside each can, of the week. Re	member, caf	feine in drin	ks can keep y	you from slee	ping well.		
Sunda	y Mond		iesday (Wednesday	Thursda		day S	aturday (È)
• Check	off any of	these ac	tivities y	ou did i	n the HO	OUR bef	ore goin	g to be
		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Read a book							
	Used the Computer							
	Played with Toys/Games	0						
	Exercised/ Played Sports							
	Watched TV							
	Played Video Games							
000	Listened to Music							
	Had a Snack							
	Took a Bath/ Shower							
THE STATE OF THE S	Talked on the Phone							

Did Homework

2. Complete When You Wake Up

• How did you sleep?

Answer the first two questions by circling YES or NO. Write your answer to the last question.

	and the second	Sun	day	Mor	nday	Tue	sday	Wedn	esday	Thu	rsday	Fri	day	Satu	rday
I	Did you have trouble falling asleep?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Did you wake up during the night?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Who or what woke you up during the night?														

• How much sleep did you get last night?

Color in the boxes from the time you fell asleep last night until the time you woke up this morning. Count the number of boxes you colored in to figure out how many hours you slept. Write the number of hours you slept below each day.

EXAMPLE	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7:30 PM	7:30 PM	7:30 PM	7:30 PM				
8:00 PM	8:00 PM	8:00 PM	8:00 PM				
8:30 PM	8:30 PM	8:30 PM	8:30 PM				
9:00 PM	9:00 PM	9:00 PM	9:00 PM				
9:30 PM	9:30 PM	9:30 PM	9:30 PM				
10:00 PM	10:00 PM	10:00 PM	10:00 PM				
10:30 PM	10:30 РМ	10:30 РМ	10:30 PM				
11:00 PM	11:00 PM	11:00 PM	11:00 PM				
11:30 PM	11:30 РМ	11:30 РМ	11:30 PM	11:30 РМ	11:30 PM	11:30 РМ	11:30 PM
12:00 AM	12:00 AM	12:00 AM	12:00 AM				
12:30 AM	12:30 AM	12:30 AM	12:30 AM				
1:00 AM	1:00 AM	1:00 AM	1:00 AM				
1:30 AM	1:30 AM	1:30 AM	1:30 AM				
2:00 AM	2:00 AM	2:00 AM	2:00 AM				
2:30 AM	2:30 AM	2:30 AM	2:30 AM				
3:00 AM	3:00 AM	3:00 AM	3:00 AM				
3:30 AM	3:30 AM	3:30 AM	3:30 AM				
4:00 AM	4:00 AM	4:00 AM	4:00 AM				
4:30 AM	4:30 AM	4:30 AM	4:30 AM				
5:00 AM	5:00 AM	5:00 AM	5:00 AM				
5:30 AM	5:30 AM	5:30 AM	5:30 AM				
6:00 AM	6:00 AM	6:00 AM	6:00 AM				
6:30 AM	6:30 AM	6:30 AM	6:30 AM				
7:00 AM	7:00 AM	7:00 AM	7:00 AM				
7:30 AM	7:30 AM	7:30 AM	7:30 AM				
8:00 AM	8:00 AM	8:00 AM	8:00 AM				
8:30 AM	8:30 AM	8:30 AM	8:30 AM				
9:00 AM	9:00 AM	9:00 AM	9:00 AM				
9:30 AM	9:30 AM	9:30 AM	9:30 AM				
10:00 AM	10:00 AM	10:00 AM	10:00 AM				
I slept	I slept	I slept	I slept				
11							
hours.	hours.	hours.	hours.	hours.	hours.	hours.	hours.

3. Complete At The End of the Day

• How did you feel during the day?

Color in the boxes up to the number that describes how you felt each day.

• How much energy did you have today?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Full of energy 5							
4							
Some energy 3							
2							
No energy 1							

• How awake were you today?

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Wide Awake	5							
	4							
Awake but a little sleepy	3							
	2							
Very sleepy	1							

• How did you do in school today?

		Monday	Tuesday	Wednesday	Thursday	Friday
Paid attention in all my classes	5					
	4					
Paid attention some of the time	3					
	2					
Couldn't pay attention	1					

Answer these questions by circling YES or NO

	Mor	ıday	Tues	sday	Wedn	esday	Thu	rsday	Fri	day	Satu	rday	Sun	day
Did you fall asleep when you didn't mean to?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Did you take a nap?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

4. Complete At The End of The Week

Use your completed Sections 2 and 3 for this Section. In Part A, think about the day you had the **least** number of hours of sleep this week. In Part B, think about the day you had the **most** hours of sleep. In the blank box in each part, draw or write how you felt on that day.

A. Day with LEAST Hours of Sleep	B. Day with MOST Hours of Sleep
On (write the day of the week), I had hours of sleep.	On (write the day of the week), I had hours of sleep.
My energy level was: (use your response from Section 3)	• My energy level was: (use your response from Section 3)
1 2 3 4 5 No Energy Full of Energy	1 2 3 4 5 No Energy Full of Energy
Draw or write how you felt below.	Draw or write how you felt below.

• Think about your results.

- * Did you feel different on the two days?
- * If so, why do you think you felt different?
- * Which day did you feel better?

When you are finished filling out your sleep diary, bring it to your next doctor's appointment so you can talk about sleep with your doctor.

Sleep diary www.txmss.com



	My Action	Plan W	
What I've learnt or foun	d useful?		
What I'm going to do ne	ext?		
Who I can ask to help	mal		
Wilo i Call ask to help	me:		