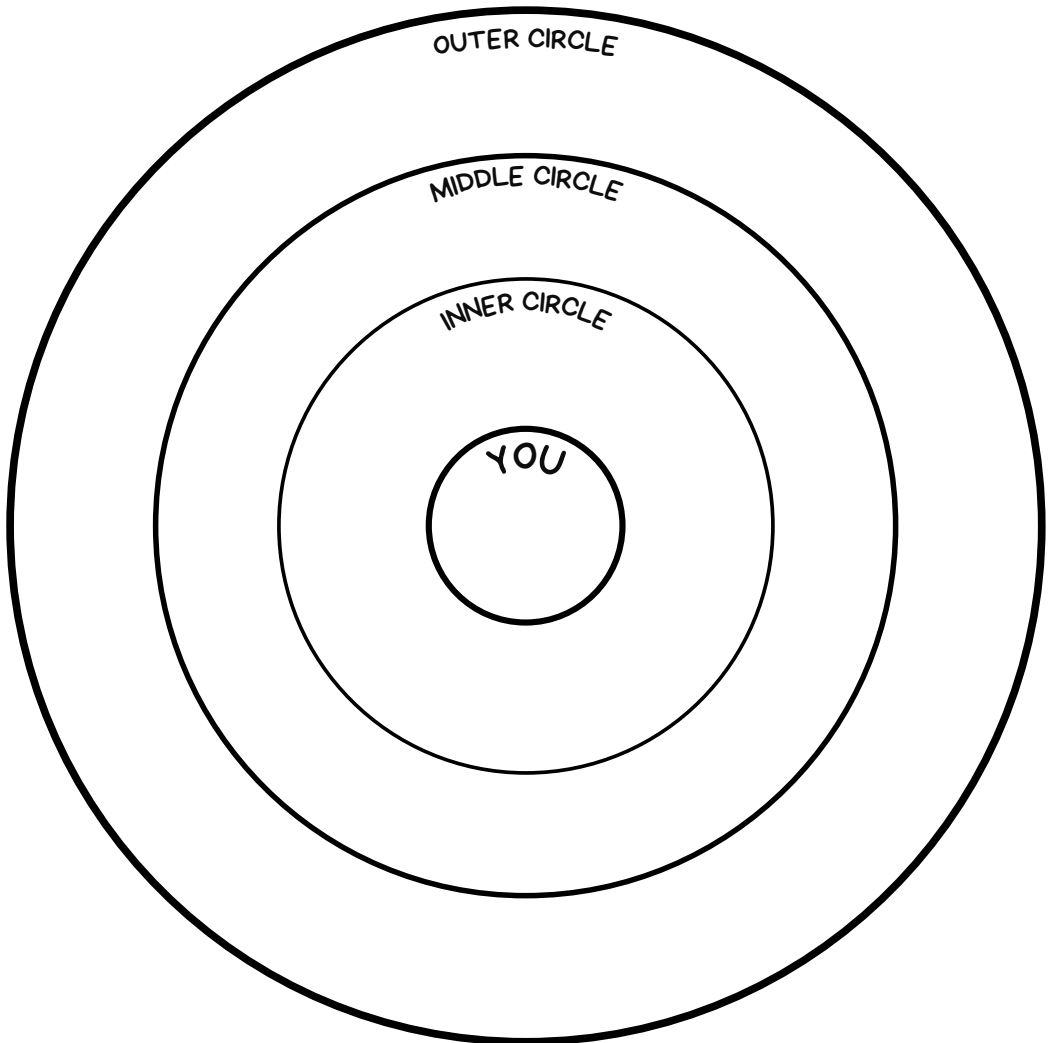




YOUR BOUNDARIES

Fill the following circles with names and relationships that fall in each of your circles





YOUR BOUNDARIES

Physical:

- How am I comfortable being touched by others? (Hugs, handshakes, high fives, not at all, etc.)

- Who am I comfortable being touched by? (Friends, partners, family, co-workers, etc.)

- Am I comfortable with people coming into my space, or do I have some personal rules for it?

MANAGING YOUR BOUNDARIES

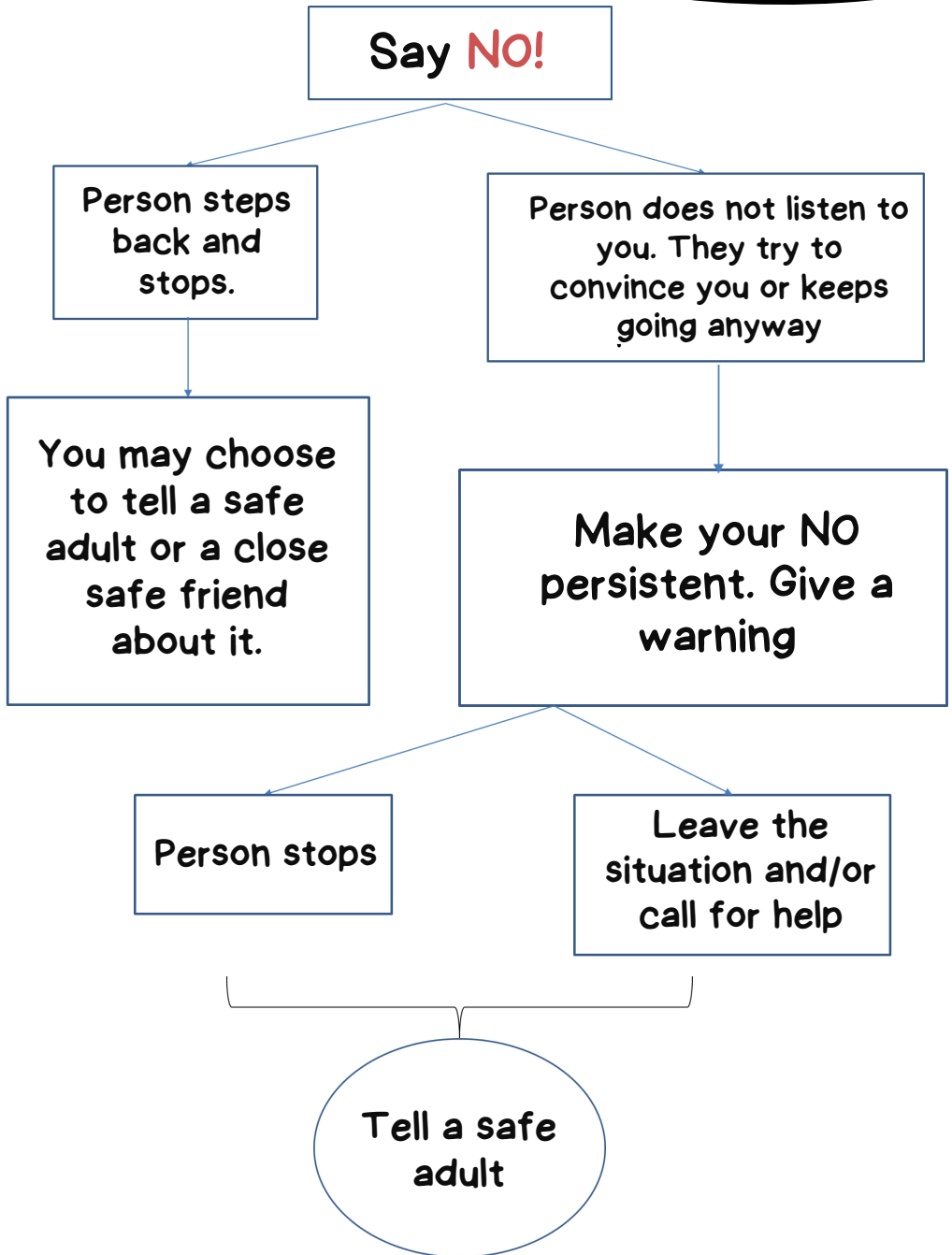
Check in with
yourself

I know this person
and this feels good
and right. I am
comfortable here

I am not okay with
this. I feel afraid and
weird. I am not
comfortable here

You may **choose**
to continue or not

Say **NO!**





SAFE ADULTS

Note names of the safe adults in your life.

1) _____ is my safe adult because, _____

2) _____ is my safe adult because, _____

3) _____ is my safe adult because, _____

Reach out to know more:

Institute for Exceptional Children

1st Floor, Plot 176-A, Shaheed Bhagat Singh CHS Ltd. -

North Wing, Guru Hargovindji Marg, Andheri (East), Mumbai -

400 059, India

Contact: +91 9920227744

Email: iecmumbaimobile@gmail.com

Instagram: @iecmumbai79