

NEUROHEAL · NEUROPLAY PILLAR

PRODUCT 05 OF 5 · NEUROPLAY SERIES

# "My Day at School" Visual Planner

Daily Schedule · Sensory Break Cards

Reward Strip · Teacher Note · Editable Sections

*"School anxiety lives in the unknowns. Let's name every one."*

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#### WHAT'S INSIDE:

Printable cards · Trackers · Scripts · Boards · Guides

DELIVERY-READY DIGITAL PRODUCT · FACELESS BRAND · NEUROHEAL

## Why Predictability Is a Superpower

For neurodiverse children, uncertainty is the primary driver of anxiety and dysregulation. A visual school planner transforms an unpredictable day into a known sequence — answering the three questions that matter most: What happens today? What comes next? When do I get home?

■ Daily Templates	■ Sensory Break Deck	■ Teacher Note Card	■ Reward Strip	■ Weekly Diary	■ Editable Sections
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■ Review the planner TOGETHER every morning before school — this 3-minute ritual reduces drop-off distress more than almost any other single strategy.

## HOW TO USE THIS PLANNER IN 4 STEPS

1

### Morning Review (3 minutes)

Sit together before school. Point to each slot. Name each activity. Let child touch the schedule. Answer any questions. Say: 'At [time], we go home. I'll be there.'

2

### Send It to School

Print the daily schedule. Fold it into the school diary or tape to the inside of the pencil case. Some children keep it on the corner of their desk (check with teacher).

3

### Teacher Note at Drop-Off

Complete the morning note section each day. Hand it to the teacher or place in the communication folder. This 60-second investment prevents most difficult days.

4

### After-School Debrief

Review the planner together. Tick completed items. Celebrate. Debrief any hard moments using the 'best part / hardest part' format — low demand, high connection.

## TEMPLATE 1 — Full School Day Visual Schedule (Print Daily)

Fill in [Activity] slots each morning. Child ticks or stamps each slot as it's completed.

■	TIME	ACTIVITY	WHAT I NEED	I DID IT! ✓
■	8:00	Arrive — drop-off routine	School bag, water bottle	■
■	8:15	Morning meeting / settling in	Sit in my spot	■
■	8:45	Lesson: _____	Book / pencil	■
■	9:30	Lesson: _____	_____	■
■	10:15	BREAK — outside / snack	Snack if packed	■
■	10:30	Lesson: _____	_____	■
■	11:15	Lesson: _____	_____	■
■	12:00	LUNCH — eat + free time	Lunch box	■
■	1:00	Lesson: _____	_____	■
■	1:45	Lesson / Activity: _____	_____	■
■	2:30	Afternoon break / water	Water bottle	■
■	2:45	Pack up — check list	Everything in bag	■
■	3:15	HOME TIME — I did it!	Yourself (you're enough)	■ ■

Legend: Yellow = break/lunch · Green = transitions · White/light green = lessons

## TEMPLATE 2 — Morning Drop-Off Teacher Note Card

Complete each morning. Hand to teacher at drop-off OR place in communication folder.

<b>DATE</b>	_____
<b>Sleep quality last night</b>	<input type="checkbox"/> Good <input type="checkbox"/> Okay <input type="checkbox"/> Poor <input type="checkbox"/> Awake a lot
<b>Breakfast today</b>	<input type="checkbox"/> Full meal <input type="checkbox"/> Small <input type="checkbox"/> Very little <input type="checkbox"/> Nothing
<b>Current sensory state at drop-off</b>	<input type="checkbox"/> Calm <input type="checkbox"/> Slightly elevated <input type="checkbox"/> High / overwhelmed
<b>Best mood description right now</b>	<input type="checkbox"/> Ready <input type="checkbox"/> Anxious <input type="checkbox"/> Irritable <input type="checkbox"/> Flat <input type="checkbox"/> Excited
<b>Any incidents / events this morning</b>	
<b>Key trigger to watch for today</b>	
<b>Best calming strategy for today</b>	
<b>Change to today's routine?</b>	<input type="checkbox"/> Yes — details: _____ <input type="checkbox"/> No change
<b>Parent contact today</b>	<input type="checkbox"/> Available for calls <input type="checkbox"/> Emergency only <input type="checkbox"/> Unavailable
<b>Parent name + contact</b>	_____

## SENSORY BREAK CARDS — Print, Cut, Laminate

Child (or teacher) picks a card when regulation is needed. No explanation required — the card communicates it.

**MOVEMENT**  
 Walk to the drinking fountain and back. Count your steps.  
 5 min

**BREATHING**  
 Breathe in 4 · Hold 4 · Out 6.  
 Repeat 5 times.  
 3 min

**QUIET CORNER**  
 Sit in the quiet area with headphones. No task needed.  
 5 min

**WATER BREAK**  
 Drink a full glass of water. Sip slowly. Feel it.  
 2 min

**DRAWING**  
 Draw anything. No rules. Just your hand moving.  
 5 min

**HEAVY WORK**  
 Push your hands hard against the wall for 30 seconds.  
 2 min



### WINDOW LOOK

Stand at the window. Find 5 things that are moving.

3 min



### BOOK TIME

Read one page of something you enjoy. Just for you.

5 min



### CHAIR PRESS

Push down hard on your chair. Stand. Sit again x5.

2 min



### WIND DOWN

Blow through your lips slowly like you're cooling soup.

2 min



### MUSIC BREAK

Listen to one calming song. Eyes closed is fine.

4 min



### FOOT STOMP

Stomp your feet firmly on the floor 20 times. Hard.

1 min

