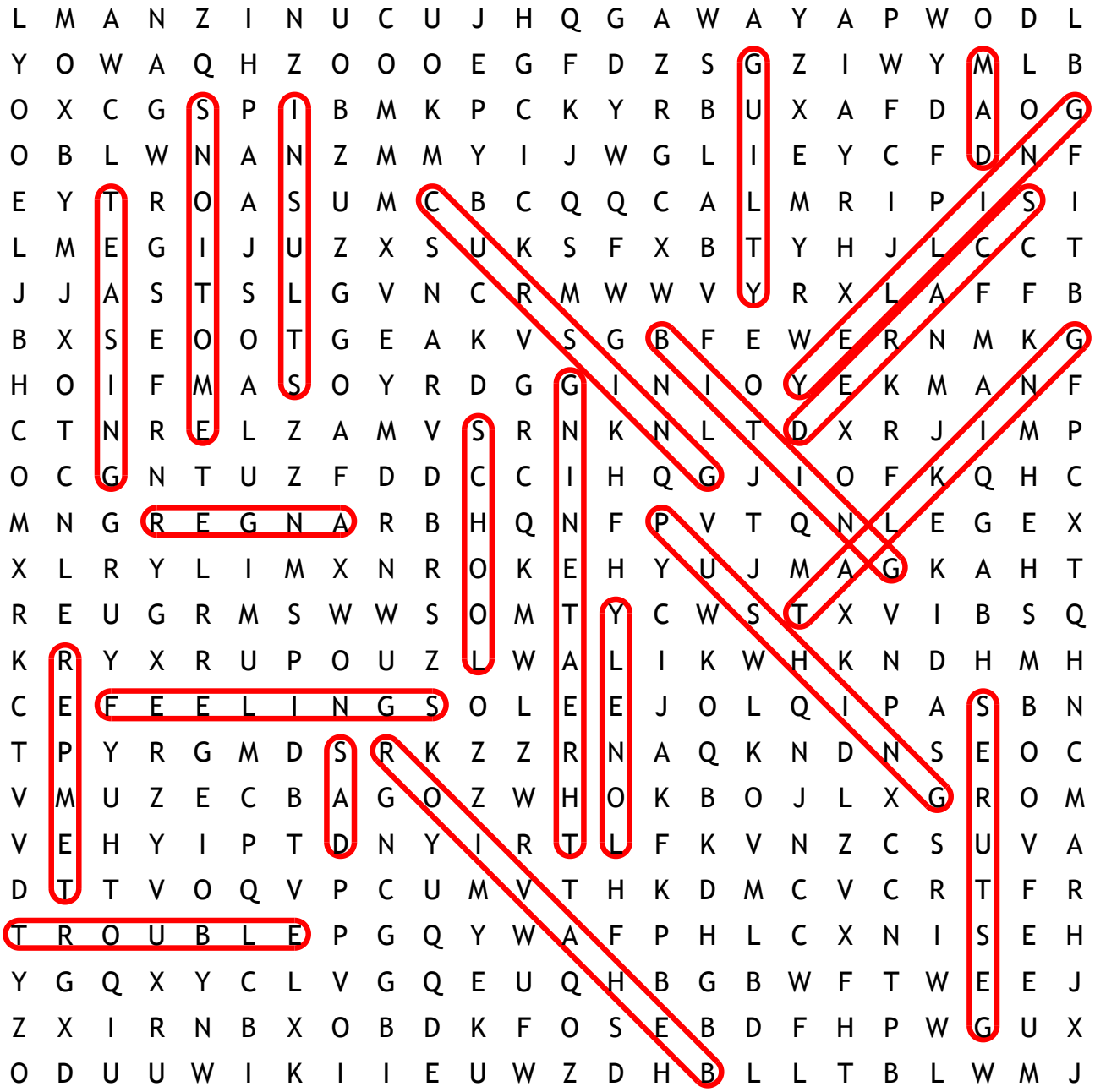
Name: _____ Date: _____

SELF-CONTROL



THREATENING
FEELINGS
YELLING
SCHOOL
TEMPER
MAD
EMOTIONS
TROUBLE
TALKING
GUILTY
BITING
GESTURES
CURSING
INSULTS
LONELY
ANGER
BEHAVIOR
PUSHING
TEASING
SCARED
SAD