

PEER PRESSURE AND HEALTHY CHOICES

Name \_\_\_\_\_ Date \_\_\_\_\_ Class Period \_\_\_\_\_

# WHAT CAN I CONTROL??

List 5 things you CAN control

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

List 5 things you CANNOT control

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Draw a picture of something you CAN control



Draw a picture of something you CANNOT control

