Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Period\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fill in the chart on both sides. Think of your daily life and try to complete the entire column.

|  |  |
| --- | --- |
| Things I CAN CONTROL | Things I CANNOT CONTROL |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |