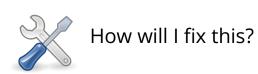


#### **Reflection Sheet**

Name:	Date: Assigned by:
*#?!! **  Fighting Cursing Kicking Punching	I felt
	Sad Angry Silly Bored
Hitting Pushing Screaming Running	Something Else:
Not Following Directions	





## **Reflection Sheet**

Name:	Date:
Room#:	Assigned by:
1. What was your behavior?	
2. What was the cause of the beha	avior?
3. Who was affected by the behavior? How were they affected by the behavior?	
4. What plan will you use to solve this problem?	
Student Signature	Parent Signature
Coach Signature	



# 's Think Sheet When I was feeling...

confused







scared

frustra anxious/worried

















### I chose to...

kick

hit



throw something talk or scream

push

not work ay inappropriate

















### This made others feel...

confused



lonely



sad



scared



mad frustrated



anxious/worried





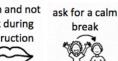
#### Next time I can choose to...



have SAFE feet have SAFE hands



listen and not talk during instruction



say "I need space."



stay in my work



say, "I don't understand."





# When I make a positive choice...



I will say sorry to these people for my behavior...