Think. It. Over

Name: _________________________________________  Date: _____________________

(Circle all that apply) I was not: following the rules, being respectful, following directions,
listening, being responsible, being cooperative, using appropriate language.

Problem: Using complete sentences, please write why you are having to fill out this form.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

How should I have solved the problem? List 2 methods.
1. ____________________________________________________________________________
2. ____________________________________________________________________________

How could I have prevented the problem?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What will I do in the future to prevent this problem from occurring again?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Students Signature ____________________________________________  Date: ______________

Teacher’s Signature ______________________________________________

Administrator’s Signature __________________________________________