

# think sheet

Name \_\_\_\_\_

Date \_\_\_\_\_

## WHAT WAS YOUR BEHAVIOR? (CIRCLE)

I was off-task	I was playing with something
I distracted my neighbor	I hurt someone
I talked out	I damaged property
I didn't follow directions	Other: _____

EXPLAIN WHAT YOU DID.

---

---

---

WHY DID YOU CHOOSE TO DO WHAT YOU DID?

---

---

---

WHAT DO YOU NEED TO DO TO BE SUCCESSFUL NEXT TIME?

---

---

---

Will you be able to do this next time? \_\_\_\_ yes \_\_\_\_ no

student's signature \_\_\_\_\_ teacher's signature \_\_\_\_\_

parent or guardian's signature \_\_\_\_\_

**thank you!** 😊