

Name: _____

Date: _____

Think Sheet

What behavior was a problem?

Why was it a problem? (be specific)

When and where did it happen?

What should the consequence be?

Describe how you will act in the future: (be detailed)

Student signature: _____

Teacher signature: _____

Parent signature: _____

Note to Parents: Students know what is expected of them in class and are given warnings before they are asked to fill out this form. This form is designed to keep you informed of any behavior concerns (even minor ones). Please sign and return the next day. Thanks!