Name _____

Hassle Log

Date _____ Time _____

What happened?

- ☐ I did something wrong
- ☐ Someone yelled at me
- ☐ Someone started fighting me
- ☐ Someone was doing something I didn't like
- ☐ Other
- ☐ Someone put me down
- ☐ Someone lied to me
- ☐ Someone ignored me

_____

_____

Who was involved?

_____

Where were you?

_____

What did you do?

- ☐ Hit someone
- ☐ Cried
- ☐ Broke something
- ☐ Yelled
- ☐ Was restrained
- ☐ Ran away
- ☐ Walked away
- ☐ Took deep breaths
- ☐ Took time out
- ☐ Talked to an adult
- ☐ Counted backwards
- ☐ Other
- ☐ Vocalized
- ☐ Stood up for myself
- ☐ Changed my mind
- ☐ Talked to a friend
- ☐ Ignored

_____

_____

Did it work?

_____

_____

How did you feel?

Happy Sad Angry Boiling Mad

How strong was that feeling?

1 2 3 4 5

Weak Very Strong

How did you handle yourself?

1 2 3 4 5

Poorly Not so well OK Good Great

Is there anything else you would like to say?

_____

_____

_____

Would you like a private conference with the teacher and any other students involved?

YES NO