

Behavior Reflection Sheet

Name _____ Date _____ Time _____ am/pm

1. What did I do?

2. Why did I do it?

3. Which rule was broken?

4. What could I have done instead?

5. What will I do next time?

To be revisited by student and teacher on _____
Has my behavior changed? If not, what other options can be explored?

Signature of student _____

Signature of teacher _____

Dear Parent or Guardian: Today your child was removed from the classroom for 15 minutes to reflect on their inappropriate behavior. We have discussed how to fix this behavior and will revisit this sheet to see if the solution is working. Please sign and return the bottom portion of this sheet on the next school day. Call me at 440-6046 if you have any questions. Thanks ~ Miss Marquardt.

Signature of parent/guardian _____