

# Oops!

- |  |  |
|--|--|
| <input type="checkbox"/> I hurt a friend             | <input type="checkbox"/> I was talking when I wasn't supposed to |
| <input type="checkbox"/> I did not follow directions | <input type="checkbox"/> I was not respectful of an adult        |
| <input type="checkbox"/> I was not listening         | <input type="checkbox"/> I broke a classroom promise             |
| <input type="checkbox"/> Other _____                 |  |

Today I made a poor choice.

I was \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Next time, I will \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teacher Note:

Parent Signature: \_\_\_\_\_