

Think It Out

Name: _____

Date: _____

Teacher: _____

Arrival time: _____

What was my behavior?



Not Working



Disrespectful



Bad Language



Fighting
(Aggression)



Not Following
Directions

What will I do differently?



Do My Work



Show Respect



Use Good
Language



Getting Along
With Others



Follow
Directions

Will I be able to do it?



YES



NO



I would like to make an
appointment with my teacher.

Student signature: _____ Teacher signature: _____

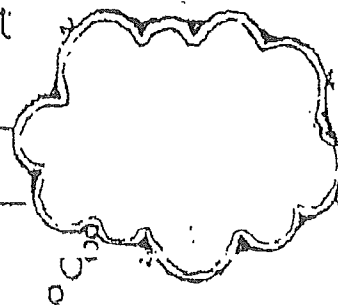
Departure time: _____

Date _____ Think It Out

Name _____

Teacher _____

Arrival Time _____



▼ What was my behavior? _____

▼ What should I do differently when I return to my classroom? _____

▼ Will I be able to do it?

Yes

No

I need to talk with my teacher.

Student Signature

Teacher Signature

Departure Time

Parent Signature