

Student Reflection Sheet

Bawnmore N.S.



Name: _____	Class: _____	Date: ____/____/____
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How am I feeling?	<p style="text-align: center;"> fired sad excited angry embarrassed scared </p>
What did I do?	<p style="text-align: center;"> scream tease someone throw things destroy work refuse to work not listen kick or hit someone make a mess run away </p>
Something else <input type="checkbox"/>	
What will I do next time?	<p style="text-align: center;"> ask for help keep my hands to myself clean up listen work ask for a break </p>
Something else <input type="checkbox"/>	
Teacher comments	

Pupil Signature: _____ Date: _____















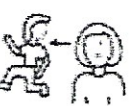






Teacher Signature: _____ Date: _____

Student Reflection Sheet

Bawnmore N.S.



Name: _____	Class: _____	Date: ____/____/____
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How am I feeling?	 tired  sad  excited  angry  embarrassed  scared
What did I do?	 scream  tease someone  throw things  destroy work  refuse to work  not listen  kick or hit someone  make a mess  run away
Something else <input type="checkbox"/>	 ask for help  keep my hands to myself  clean up  listen  work  ask for a break
Teacher comments	

Pupil Signature: _____ **Date:** _____

Teacher Signature: _____ **Date:** _____

Parent(s)/Guardian(s) Signature: _____ **Date:** _____



Name	Class
Reflection Teacher	Date _____ / _____ / _____



What happened?
What were you thinking about at the time?
Who has been affected?
What do you think you need to do to make things right?

Pupil Signature: _____ Date: _____

Teacher Signature: _____ Date: _____



Name	Class
Reflection Teacher	Date _____ / _____ / _____



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What were you thinking about at the time?
Who has been affected?
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Pupil Signature: _____ Date: _____

Teacher Signature: _____ Date: _____

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