**Behavior Think Sheet**

***The goal of this form is to help you make better choices so you can have a better future!***

***Your success at is important to us!***

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Disciplinary Consequence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe your actions that resulted in this consequence.

Leading up to or during the situation, what were you thinking or feeling?

What were you trying to accomplish? Did you get what you wanted to accomplish?

What did it cost you? What might it cost you if you were to do it again?

If this situation were to happen in the future, what could you do differently? What would be the result?

Is there anything we could do to help you be more successful in handling this type of situation?

Who do you feel you need to talk to in order to restore or resolve this situation/conflict?

What steps are you willing to take to restore or resolve this situation/conflict?

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Met with support personnel (e.g., Administrator, Teacher, Social Worker, Guidance Counselor, Mentor): \_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_