BEHAVIOR REFLECTION sheet

Name: _____ **Date:** _____ **Class:** _____

WHAT HAPPENED?

Just the facts: what did you say or do?

_____

_____

_____

_____

WHAT WAS I THINKING OR FEELING?

Check any that fit, then explain.

- ☐ Angry
- ☐ Frustrated
- ☐ Embarrassed
- ☐ Bored
- ☐ Worried
- ☐ Other: _____

_____

_____

WHO WAS AFFECTED?

Think about classmates, your teacher, and yourself.

_____

_____

_____

_____

WHAT COULD I DO DIFFERENTLY?

Be specific. What is one thing you could try next time?

_____

_____

_____

HOW WILL I MAKE IT RIGHT?

An apology, a fix, or a check-in.

_____

_____

_____

Student Signature: _____

Teacher or Parent Signature: _____

QUICK CHECK-IN

Pause. Think. Reset.

Name: _____ **Date:** _____ **Class:** _____

WHAT HAPPENED?

- ☐ Talking out of turn
- ☐ Off task
- ☐ Unkind words
- ☐ Not following directions
- ☐ Phone or device
- ☐ Other: _____

I WAS FEELING

- ☐ Angry
- ☐ Frustrated
- ☐ Bored
- ☐ Embarrassed
- ☐ Worried
- ☐ Fine, just made a bad choice

NEXT TIME I WILL

- ☐ Take a breath
- ☐ Ask for help
- ☐ Ask for a break
- ☐ Move seats
- ☐ Talk to my teacher
- ☐ Other: _____

I CAN MAKE IT RIGHT BY

_____

_____

Student Initials: _____ **Teacher Initials:** _____

QUICK CHECK-IN

Pause. Think. Reset.

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I CAN MAKE IT RIGHT BY

_____

_____

Student Initials: _____ **Teacher Initials:** _____

Weekly Reset Plan

For a pattern that keeps coming back. Pick one goal, make a plan, and check in each day.

Name: _____ **Week of:** _____ **Class:** _____

What keeps happening?

Describe the pattern. No blame, just what you notice.

_____

_____

When does it usually happen?

- ☐ Start of class
- ☐ Group work
- ☐ Hallway or transitions
- ☐ Free time
- ☐ Lunch or recess
- ☐ Tests or quizzes
- ☐ Around certain people
- ☐ Other: _____

My goal this week

Keep it small and specific.

Instead of: _____

I will: _____

What will help me?

- ☐ A private reminder from my teacher
- ☐ A seat change
- ☐ A break pass
- ☐ A daily check-in with an adult
- ☐ A quiet spot to reset
- ☐ Other: _____

What I need from my teacher or parent

_____

_____

Daily check-in

Day	Did I meet my goal?	How did it go? A few words.
Monday	○ Yes ○ Kind of ○ Not yet	
Tuesday	○ Yes ○ Kind of ○ Not yet	
Wednesday	○ Yes ○ Kind of ○ Not yet	
Thursday	○ Yes ○ Kind of ○ Not yet	
Friday	○ Yes ○ Kind of ○ Not yet	

Student Signature: _____

Teacher or Parent Signature: _____

Next Check-in Date: _____