

# Behavior Think Sheet

Name \_\_\_\_\_ Date \_\_\_\_\_

Today I had a hard time making good choices, but I know I will learn from this and try my best to do better tomorrow.

**I felt . . . (circle your answer)**

angry	frustrated	worried	scared
embarrassed	anxious	overwhelmed	other: _____

**Today, what happened was** \_\_\_\_\_

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**My choice did not follow the following classroom expectation: (circle your answer)**

1. Be kind and helpful.
2. Have a positive attitude and work hard.
3. Clean up after yourself.
4. Listen! Follow directions and classroom routines.
5. Be safe.

(Turn over to finish on the back.)

**By making this choice, I wanted . . . (circle your answer)**

attention	control	to avoid work	to challenge an adult
to not look bad in front of my friends	to get even or get revenge	Other:	

**I think my logical consequence should be . . .** \_\_\_\_\_

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**Next, I need to . . . (or) In the future, I need to . . .** \_\_\_\_\_

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I will discuss this sheet with my family at home and return it as soon as I can.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Teacher Signature

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

Comments/Questions: