

Stop and think!

Name: _____ Date: ___/___/___

How are you feeling?



Jealous



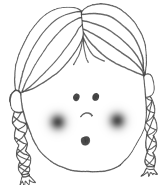
Frustrated



Worried



Surprised



Embarrassed

Other emotions: _____

The cause (the reason- why something happened):

Because _____

The effect (the result- what happened?)

Therefore _____

What could I have done?

My consequence

Plan for improvement _____

Teacher

Student

Parent

Credits



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