Student Behavior Reflection Sheet

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

We need to make the most of our time at school. As the student it is your job to be safe and contribute to our learning community. Please take 5 minutes to think about your actions and what you will do differently next time.

1. What poor choice(s) did you make?

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2. How did the behavior negatively affect our learning community?

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3. What will you do differently next time?

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

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