

Respect and Responsibility



Sheet 1 Sheet 2 Sheet 3

Name: _____ Date: Classroom Teacher: Grade:

I was feeling...







Sad



Frustrated



Embarrassed

Location of Incident

(Circle)

Classroom

Yard

Bus Hall

Library

Yard/Recess

Nutrition Break

Off site

What did I do?



Yelling/Arguing

I said something that I was not keeping my I was not paying







I was not listening

wasn't true

hands to myself

attention in class

Next time I can choose to: (Circle the best choice(s))

I will wait my turn



Not touch anyone or anyone's property



Walk away from the problem





I will be safe





What happened:	
I have talked about how to make better choices with	I have talked about how to make better choices with (at home)
(at school)	(at nonie)
	Note: It is a student's responsibility to
Student's Signature	take this form home and obtain a signature.
Student's Signature	The signature of the parent/guardian indicates only that you have read this form.
Staff Signature	