

Date _____

Respect and Responsibility Tracking

Student's Name _____

Grade _____

Classroom Teacher _____

Location of Incident:

Explain why you were given a tracking sheet . Use "I" statements.

Circle

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Class-room | <input type="checkbox"/> Library |
| <input type="checkbox"/> Yard | <input type="checkbox"/> Off site |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Nutritional Time |
| <input type="checkbox"/> Hall | |

What did I do that did not show respect and/ or responsibility?

- | | |
|---|--|
| <input type="checkbox"/> I was disrespectful (rude, swearing, racial, put down etc.) | <input type="checkbox"/> I was disruptive to the teaching and/or learning of others. |
| <input type="checkbox"/> I was non compliant (refused to do something) | <input type="checkbox"/> I did not take responsibility for my learning (refusing to complete assignments, refusing to participate |
| <input type="checkbox"/> I physically hurt someone (or inappropriately touched others) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> I was threatening (with words or body gestures, texting etc.) | |

The people affected by my choices

- | | | |
|---|--|---|
| <input type="checkbox"/> Myself | <input type="checkbox"/> Bystanders | <input type="checkbox"/> Vice principal |
| <input type="checkbox"/> Other student(s) | <input type="checkbox"/> My parents | <input type="checkbox"/> Office staff |
| <input type="checkbox"/> My classroom teacher | <input type="checkbox"/> Parents of other students | <input type="checkbox"/> Volunteers |
| <input type="checkbox"/> EA | <input type="checkbox"/> Custodians | <input type="checkbox"/> Community |
| <input type="checkbox"/> Other teachers and staff | <input type="checkbox"/> Principal | <input type="checkbox"/> others |
| <input type="checkbox"/> My class | | |

I was feeling...



Mad



Sad



Frustrated



Embarrassed

What can I do to resolve the issue? Use I statements.

What do I need to do next time?

- Stop and think before doing anything
- Ask an adult for help.
- Follow instructions the first time.
- Walk away from the problem

Keep Calm by:

- Take a break
- Put my head down
- Take 10 deep breaths.
- Count to 10
- Chair pushups

I have talked about how to make better choices with

(staff)

(Classroom teacher)

Student's Signature

Parents, please sign this "Respect and Responsibility Sheet" and return it to school the following day. Your signature demonstrate that you are aware of the choices your child has made, and is aware of the positive "Next Steps" to which your child is committing.

Parent or Guardian Signature

Date