

Think Sheet



Check all that apply to your reason(s) for completing the think sheet:

- | | |
|---|--|
| <input type="checkbox"/> Hit, bite, or hurt others | <input type="checkbox"/> Disrupting/not paying attention |
| <input type="checkbox"/> Bullying or teasing others | <input type="checkbox"/> Running indoors |
| <input type="checkbox"/> Throw tantrums or excessive crying | <input type="checkbox"/> Cheating or copying from others |
| <input type="checkbox"/> Not following instructions | <input type="checkbox"/> Excessive bragging or showing off |
| <input type="checkbox"/> Not listening | <input type="checkbox"/> Eating or drinking without permission |
| <input type="checkbox"/> Interrupting others | <input type="checkbox"/> Refusing to share or take turns |
| <input type="checkbox"/> Name-calling or hurtful language | <input type="checkbox"/> Tattling unnecessarily |
| <input type="checkbox"/> Not telling the truth | <input type="checkbox"/> Not manners or being disrespectful |
| <input type="checkbox"/> Steal or take things | <input type="checkbox"/> Refusing to clean up after oneself |
| <input type="checkbox"/> Damage something | |

How do you feel about it now? (*Circle all that apply*)

guilty | ashamed | worried | nervous | regretful | embarrassed
anxious | remorseful | sad | disappointed | uncomfortable

How can you now take responsibility for your actions? (*make amends, apologize etc.*)

What will you do to prevent this from happening again?