

Reflection on Behavior

Student's Name: _____ Date: _____

Directions: Before you fill out this form, think about your behavior. Create a mental picture of the things you did today and the results of your actions. Then continue below and answer each question honestly.

1. How was your behavior today? (circle one)

Excellent Good Satisfactory Poor Unsatisfactory

Explain your answer:

2. Did you break any rules? Which one(s)?

3. Why did you break this rule? Why is this rule important?

4. What are the consequences for breaking this rule?

5. What steps can you take to improve your behavior?

Student's Signature: _____ Date: _____

Teacher's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

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| For Teacher's Use Only | | | | |
| <input type="checkbox"/> First Time | <input type="checkbox"/> Second Time | <input type="checkbox"/> Third Time | <input type="checkbox"/> Fourth Time | <input type="checkbox"/> Fifth Time |