

Date: _____ Time: _____

Location: _____

Think Sheet

Griffin Middle School

Respect Yourself
Respect Others
Respect Your School

Name: _____ Grade: _____

Student Directions: Fill out the table in class. Complete the bottom section with your parent(s)/guardian(s). Return form to your teacher.

I wanted/needed...	Today I ...
Mental/Emotional <input type="checkbox"/> Avoidance/Escape <input type="checkbox"/> Social Attention <input type="checkbox"/> Other _____ Physical <input type="checkbox"/> Fidget / Sensory <input type="checkbox"/> Other _____	
I made the mistake of...	My actions affect my teacher, peers and myself by...
A better choice would be to...	I can make it right by...

Teacher Feedback: _____

Parent Feedback: _____

Student Signature: _____

Staff Signature: _____ Parent Signature: _____

Implementation plan

1. Collaboratively create refocus form
 2. Create common implementation
 3. Educate families about form purpose
 4. Systematically teach students form
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Explanation to parents

Parent Overview.....