



Name _____
Date _____
Time _____

STOP: What was YOUR behavior? What did you do?

THINK: How was this behavior wrong? Why was this behavior wrong?

OPTIONS: What should or could you have done instead? And, what should you do NOW?

PLAN: What will you do next time? How will you handle yourself in a similar situation

Your Signature _____ Teacher's Signature _____
Parent's Signature _____ Principal's Signature _____