Think Sheet

Name: ....

I was not: Following Rules   Being Respectful   Being Safe   Listening
(Circle all
that apply)   Following Directions   Being Cooperative   Being Responsible   Other:

And   ....
        describe what happened

....

....

....

I should have ....

....

Then...

....

....

....

So from now on I

....

....

....

....

My Signature _____