

**Bald Eagle Area School District
Elementary School Wide Behavior Management Reflection**

Student:		Grade:		Date:	
Staff Member:		Time:		Location:	
<input type="checkbox"/>	Referred to Administrator	<input type="checkbox"/>	Major	<input type="checkbox"/>	Minor

District Expectations: **Be Kind** **Be Respectful** **Be Responsible** **Be Safe**

Reason for Reflection

Possible Motivation

Others Involved

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Measures Previously Taken by Staff (if applicable)

Action Taken

	Privilege Lost:		Warning
	Time After School		Written/Verbal Apology
	In-School Suspension		Referral to Instructional Support Team
	Out of School Suspension		Change of Educational Placement
	Parent/Teacher Conference		Other:
	Parent/Teacher/Administrator Conference		

Date(s) Action Taken: _____

Parent/Guardian Notification

	Reflection Form Sent Home with Student		Email Contact
	Phone Contact		Conference with Parent/Guardian

Additional Comments from Administration

Please discuss with your child and return this form to your child's school.

Parent Signature: _____

Date: _____

Staff Signature: _____

Date: _____

Name: _____

My Story, My Plan Worksheet

My Story

What happened is _____

At the time, I was feeling _____

At the time, I was thinking _____

Since it happened I have been thinking _____

The person or people who were harmed are _____

This is how they were harmed _____

My Plan

This is what I can do to make things better _____

To prevent something like this happening again, I can use these *Second Step* skills. (Check off the skills below)

Skills for Learning <input type="checkbox"/> Listen <input type="checkbox"/> Focus Attention <input type="checkbox"/> Use self-talk <input type="checkbox"/> Be Assertive	Empathy <input type="checkbox"/> Ask myself "How does the other person feel?" <input type="checkbox"/> Look at the person's face and body for clues <input type="checkbox"/> Ask myself "What is this person's point of view?" <input type="checkbox"/> Think of how I can help <input type="checkbox"/> Think of a kind thing to say
How to Calm Down <input type="checkbox"/> Stop: Use my signal <input type="checkbox"/> Name my feeling <input type="checkbox"/> Calm down <input type="checkbox"/> Breathe <input type="checkbox"/> Count <input type="checkbox"/> Use positive self talk	Problem-Solving <input type="checkbox"/> S: Say the Problem (without blame) <input type="checkbox"/> T: Think of solutions (safe and respectful) <input type="checkbox"/> E: Explore consequences (what could happen if...) <input type="checkbox"/> P: Pick the best solution (make my plan)

_____ (CHILD'S NAME)	_____ (DATE)	_____ (ADULT'S SIGNATURE)
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