

Cushing Elementary School –Think Sheet

What was the problem?



Not Keeping Hands, Feet, Objects to Self



Not Listening



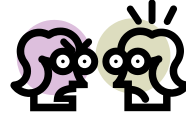
Disruptive



Unsafe Act



Not Using Time Wisely



Disrespecting Others, Materials, School Property



Incomplete or Missing Work

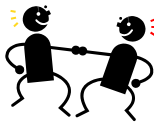


Not Following Teacher Directions

Whom did your behavior effect?



Myself



A Friend



An Adult

Where did your problem happen?



Classroom



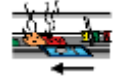
Hallway



Bathroom



Special Area



Cafeteria



Playground

Why did you do this?



Not Thinking



To Get Out Of Work/Activities



Funny



Angry



To Get Attention



Want/Need Something

Were you Being Safe, Being Kind, or Doing your job?

Yes

No

Here's what happened:

Next time this would be a better choice:

Staff Signature _____ Student Signature _____

On the third redirection/reminder about behavior expectations, your child received this Think Sheet. Please discuss these behaviors with your child and sign and return this sheet.

Parent Signature _____ Student Signature _____