Name: Date:

I hurt someone	☐
I used angry words	☐
I bullied someone	☐
I was disrespectful	☐
I spoke out of turn	☐
I refused to follow instructions	☐
Other:	☐

How do you feel about your behavior?

(circle all that apply)

Angry Sad Worried Happy Sorry Embarrassed

Other_____

Who was involved? _____

How do you think they feel? Angry Sad Worried Happy Sorry Embarrassed

What could you have done differently?

_____

_____

_____

_____