

# Student Reset Think Sheet

Name \_\_\_\_\_

Date \_\_\_\_\_

1. What happened? \_\_\_\_\_

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2. What classroom/school rule(s) did I not follow?

_____ Be Persistent
_____ Make Good Choices
_____ Show Belonging
_____ Be Safe

3. How did this affect:

a. The teacher: \_\_\_\_\_

b. The other students: \_\_\_\_\_

c. Myself: \_\_\_\_\_

4. What I will do next time is: \_\_\_\_\_

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Student Signature: \_\_\_\_\_