Behavioral Reflection

Date:

1. WHAT I DID:

2. HOW DID THIS EFFECT:

   (A) The teacher:

   (B) The other students:

   (C) Me:

3. WHAT I WILL DO THE NEXT TIME IS:

   (List at least three things you can do to help yourself.)

STUDENT SIGNATURE:

TEACHER SIGNATURE:

PARENT SIGNATURE: