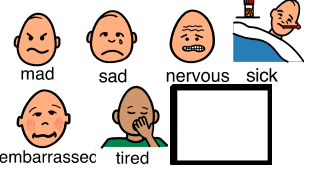
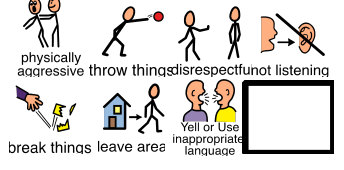


LEFLER MIDDLE SCHOOL THINK SHEET

Name _____

Date _____

Room	Time Sent	Sent By	Out of Classroom Teacher Signature

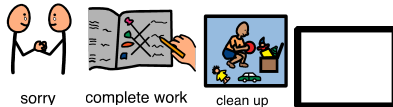
What happened?	What were you thinking or feeling?	What actions were hurtful or disruptive?	Who do you think has been affected by this? How do you think it made them feel?
			

PROCESSING

_____ I can be productive and follow directions even if I am mad (have overwhelming feelings).

_____ I can be productive and follow directions even if others are not.

_____ I can be productive and follow directions even if I don't want to (or it is difficult for me).

List 2 different actions you could have done:	What do you need to do to make things right?	Do you need help from your counselor to help you process?
		<p>Circle One: (YES / NO)</p>

I will process (Circle One):

Today after school

Tomorrow morning

EMINDER: YOU MUST PROCESS WITH YOUR TEACHER BEFORE YOUR NEXT CLASS. IF YOU DON'T, YOUR TEACHER WILL ASSIGN YOU A SEAT