

THINK SHEET

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Name: _____

Period ____ Date: _____

1. What have I been doing that is causing a problem? _____

2. Why am I doing it? _____

3. Who is being helped by this behavior? _____

4. Who is being hurt by this behavior? _____

5. What am I going to do about this behavior? _____

6. When am I going to start? _____

7. Who will help me, and how? _____

PLEASE answer each question carefully before you ask your parent to sign this sheet.

_____ Discussed with student _____

Student Signature

_____ Sent home to parent with student for parent signature _____

Parent Signature

_____ Detention Assigned