

Name:

Date:

# Thinking about your behaviour



What happened? \_\_\_\_\_

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Who else has been affected? \_\_\_\_\_

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How did this make you feel?



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How did this make others feel?



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What will you do differently next time?

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What values could you use to help you with this?

**freedom**    **respect**    **kindness**    **courage**

**patience**    **co-operation**    **tolerance**

**pride**    **peace**    **hope**    **fairness**    **honesty**

## Communication

	Signature	Print Name	Date
Child			
Adult who dealt with incident			
Class Teacher			

**Is the next 24 hours play and lunchtime to be missed: Yes/No**

If no, please state reason why.....

**Have parents been informed: Yes/No**

**Has a copy of the form been passed to Ceri Seal: Yes/No**

**Any other comments:**