Name:	Date:

Thinking about your behaviour

What happened? _____

_____

_____

_____

Who else has been affected? _____

_____

How did this make you feel?

_____

How did this make others feel?

_____

What will you do differently next time?

_____

_____

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

Is the form to be shared with parents: Yes/No

Has a copy of the form been passed on to an SLT member: Yes/No