

# Behavior Reflection Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please answer in complete sentences using your best writing.

1. What did I do?

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2. How often does this happen? Circle one.

very often

sometimes

rarely

3. Why was this inappropriate? What problems did it cause?

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4. Two things I will do differently next time to help me are the following:

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Teacher Signature: \_\_\_\_\_

Teacher Comments (*optional*): \_\_\_\_\_

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Parent Signature: \_\_\_\_\_

Parent Comments (*optional*): \_\_\_\_\_

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