





Reflective Task (Years 3-6)

While filling out this form attempt to accurately describe the incident. Upon completion of this form, you must return it to your teacher or the staff member dealing with the issue.

Name: _____ Grade: _____ Date: / /

Name of Teacher dealing with the incident: _____

What happened? 	Who has been affected? 
What needs to be done to make things right?	What can be done differently next time?
	

Please note: A record of this behaviour will be kept on file.

This document has been read, checked and any negotiations have been discussed with:

Teacher's Signature: _____

Student Signature: _____

Parent Signature: _____

Date: / /