

JGMS THINK ABOUT IT FORM

Name: _____

Date: _____

What did you do?

Please be specific and start with "I."

What was wrong with this behavior?

Whom did you hurt? How did you know you hurt them?

What caused you to do this?

What problem were you trying to solve? Did you want attention? Did you want to be left alone? Were you trying to have fun? Were you already angry about something?

Next time you're feeling this way, how will you act differently without hurting anyone?

**Once the "Incident Report Form," "Follow Up Form," "Parent Communication Letter," and "Think About It Form" are completed, they will be stapled together and placed in a secure location in the office of a designated staff person.*