



Student Reflection Form

Grades K-2 & Covenant Care

Student Name _____ Date _____

Circle your choices that caused the problem.

I chose not to:



keep my hands to myself.



use my walking feet.



use a quiet voice



use kind words.



be a good listener.



follow directions.

Why did you make that choice?

I was feeling:



Silly



Bossy



Angry/Frustrated



Sad



Hungry



Not sure

What can you do to make things right?

What do you think should happen if you make that choice again?

Teacher Notes:

Student Signature_____

Teacher Signature_____ **Date** _____

For Covenant Care Use Only

Parent Contacted By_____Date_____