

RESPONSIBLE THINKING REFOCUS FORM

Tuba City Elementary School
Grade 3-5

Student/Grade: _____ Date/Time: _____

Homeroom Teacher: _____ Referred by: _____

Behavior: I was not...

_____ Following rules
_____ Being cooperative
_____ Being Responsible

_____ Following directions
_____ Being safe
_____ Other: _____

_____ Being Respectful
_____ Listening

Describe what happened:

Who was involved?

How I felt:

_____ Mad _____ Sad _____ Frustrated _____ Lonely
_____ Hurt _____ Confused _____ Scared _____ Jealous
_____ Other: _____

I did this because _____

This behavior is not allowed in this school because _____

A better way to handle this situation in the future is to _____

I want to talk to someone about my behavior: Yes No

Student Signature: _____ Date: _____

PARENT RESPONSIBLE THINKING REFOCUS FORM
Tuba City Elementary School

Date: _____

Dear Parent of _____

The purpose of the Refocus form is to allow students time to reflect on issues and behaviors that affect the classroom learning environment. A student issued this form must complete it and have it signed by his/her parents. We would like you to talk to your child about their behavior and what they could have done to prevent this incident. This form must be returned to the school within the following day.

Thank you,

_____, **Classroom Teacher**

This is what we have planned at home to help my child.

Parent Signature: _____ **Date:** _____