

*Let's Write About It
Reflection*

Name: _____

Teacher: _____

Date: _____ *What Happened?* _____

Where did this happen? _____

When did this happen? _____

How do you feel about the situation? _____

List two ways you could have solved this situation or something you could have done, so it would have not happened.

If this happens again, next time I will _____

Student Signature

Parent Signature