

Name \_\_\_\_\_

Date \_\_\_\_\_

## ELEMENTARY STUDENT RESTORATIVE THINKING FORM

**1. What choice did you make?**

**2. What were you feeling at the time? Circle the feeling or describe how you felt.**



Happy



Sad



Angry



Afraid



Silly



Annoyed

Others: \_\_\_\_\_

**3. What were you thinking at the time?**

**4. Place a checkmark by those who have been hurt by your choice. Explain how they might feel or what has changed for them because of your choice.**

\_\_\_\_\_ Myself      How?

\_\_\_\_\_ Students      How?

\_\_\_\_\_ Teachers      How?

\_\_\_\_\_ Principal      How?

\_\_\_\_\_ Family      How?

\_\_\_\_\_ Others      How?

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**5. What can you do to make things right? What would you need to feel better if the same thing happened to you?**

**6. When will you do these things?**

**7. If you are in the same kind of situation again, what will you do differently?**