# Behavior Reflection Journal

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade/Classroom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 1. What happened?

Briefly describe the situation.

## 2. What were you doing before the behavior occurred?

☐ Working quietly
☐ Playing/talking with others
☐ Transitioning
☐ Feeling angry/frustrated
☐ Feeling sad/worried
☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 3. What behavior did you choose?

☐ Not following directions
☐ Talking back
☐ Physical aggression
☐ Inappropriate language
☐ Disruptive behavior
☐ Leaving area without permission
☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 4. Why do you think this behavior happened?

☐ I was frustrated
☐ I wanted attention
☐ I didn’t understand
☐ I didn’t want to do the task
☐ I wanted something
☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 5. How did your behavior affect others?

☐ It disrupted learning
☐ It hurt someone’s feelings
☐ It made others feel unsafe
☐ It caused others to stop what they were doing
Explanation:

## 6. What could you have done differently?

## 7. What is your goal for next time?

☐ Ask for help
☐ Use a calming strategy
☐ Take a break
☐ Follow directions
☐ Talk to an adult
☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 8. Signature

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Staff Signature (if needed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_