# 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_