



Name \_\_\_\_\_

Date \_\_\_\_\_ Grade \_\_\_\_\_

## Something's Bugging Me!

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**WHO** or **WHAT** is bothering you? (Give a name and/or a situation)

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**WHEN** and **WHERE** and **HOW OFTEN** is this a problem? (Example: It is happening during...)

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**HOW** is this bothering you? (Example: I feel...)

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What have **YOU** done to try and fix the situation?

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Have you talked to your parent about this situation?

**No**

**Yes**

What would you like **Ms. Kreps** to do to help you fix the situation?

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Are you willing to meet during lunch? **YES** \_\_\_\_ 1<sup>st</sup> Half \_\_\_\_ 2<sup>nd</sup> Half \_\_\_\_ **NO** \_\_\_\_

What period of the day do you have: P.E. \_\_\_\_\_ Elective \_\_\_\_\_



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