NORTHLAND LEARNING CENTER

BEHAVIOR OWNERSHIP FORM

Phone: 218-741-9201 **Fax: 218-741-5178**

Student Name: _____ **Date of Infraction:** _____

Infraction: _____

Date and Time must be received by: _____ **Grade:** _____

Directions: Complete the following questions honestly and as detailed as possible.

1. What was my part in the incident? (Only use "I" statements and be totally honest.)

   _____

   _____

   _____

2. What were all the options I could have made to stop or avoid negative behaviors?

   _____

   _____

   _____

3. What is the NLC and staff expectation of me while at school?

   _____

   _____

   _____

4. Who (everyone) did my behavior affect?

   _____

   _____

5. What will I do differently next time?

   _____

   _____

   _____

6. What should my consequences be next time?

   _____

   _____

   _____

FOR OFFICE USE:

Date Received: _____ Time Received: _____ Received by: _____

_____

Teacher/Observer's Signature

_____

Student Signature