



Harry Bowes PS – Restorative Think Sheet

Name: _____ Grade/Class: _____ Date: _____

Dear parents/guardians, a Think Sheet is sent home to keep you informed. Please review it with your child, sign the form, and return it to the school. For further information, please call the school to talk to the staff member concerned.

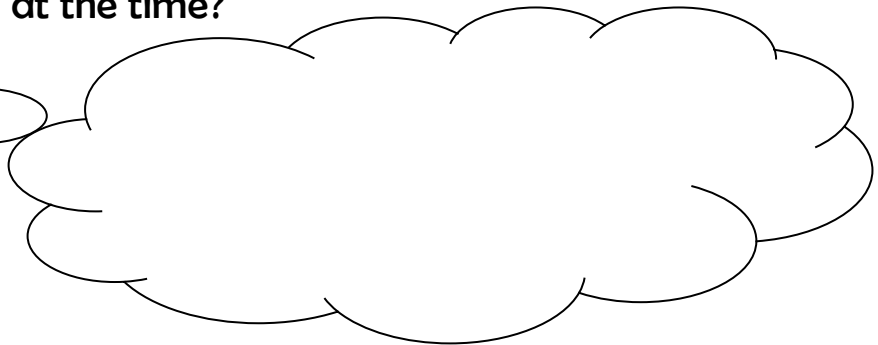
What happened?

First: _____

Next: _____

Then: _____

What were you thinking at the time?



I felt _____.

The other person felt _____.

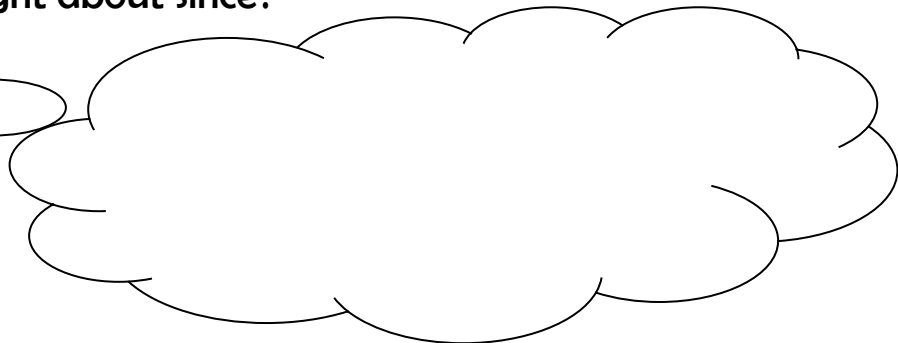


Me



The other person

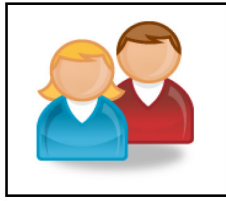
What have you thought about since?



Who has been affected?



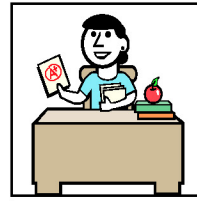
another person



several people



teacher or class



principal



parents

How?

How?

How?

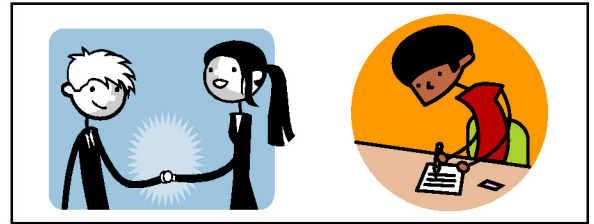
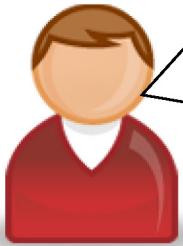
How?

How?

What do you think you need to do to make things right?

Actions

Words



Student Signature

Teacher/Vice-Principal/Principal Signature

Parent/Guardian Signature

Teacher/Vice-Principal/Principal Comment:

Parent/Guardian Comment: