ELEMENTARY STUDENT RESTORATIVE THINKING FORM

1. What choice did you make?

2. What were you feeling at the time? Circle the feeling or describe how you felt.
   - Happy
   - Sad
   - Angry
   - Afraid
   - Silly
   - Annoyed
   Others: ______________________________________________________

3. What were you thinking at the time?

4. Place a checkmark by those who have been hurt by your choice. Explain how they might feel or what has changed for them because of your choice.
   - _____ Myself  How?
   - _____ Students  How?
   - _____ Teachers  How?
   - _____ Principal  How?
   - _____ Family  How?
   - _____ Others  How?

5. What can you do to make things right? What would you need to feel better if the same thing happened to you?

6. When will you do these things?

7. If you are in the same kind of situation again, what will you do differently?