Name Date \_\_\_\_\_\_\_\_

* It’s important for me to see if we have the same understanding of the behavior that led you to this detention. Before we talk, gather your thoughts and be prepared to share them with me.
* Our discussion will be respectful and will give us a chance to speak openly and agree on a plan of action so that we can move forward in a positive direction.

***Once you finish the entire sheet, let me know, and I’ll give you my full attention.***

1. As far as you know, what is the behavior that caused you to receive this consequence? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How does this behavior impact learning for you and/or others? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_
3. What do you believe to be the cause of this behavior? Is it a simple “fix” or do you think you will need time to change it? \_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. You will need to replace this negative behavior with a positive one. What can you control or commit to changing?

\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_

1. Do you have any other information that you want me to know?

|  |  |  |
| --- | --- | --- |
| **For Teacher and Student Conversation Action Plan** | | |
| **Expectation** | **Student Action**  **What does it look like? Sound like?** | **Teacher Action** |
|  |  |  |
|  |  |  |
|  |  |  |

* **Follow-Up/Feedback about Plan (When and where will it happen?):**

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**Student’s Signature** **Teacher’s Signature**