Ref	acti	ion	No
KEII	e Cu	UI	INU.

Date:

SELF REFLECTION

Student name:

Staff overseeing:

Years F, 1, 2 & 3

This is a Reflection Sheet that is completed by students. It is our way of informing parents about their child and how a situation involving them has been managed. Once completed this form is scanned and uploaded to our school management platform, Compass.

STUDENTS					
1.What happened?		2. Who has been impacted by this incident?			
3. What should you do or say to fix the situation?		4. What could you do differently next time?			
situation?		uner			
				I need to (highlight the appropriate option(s))	
Be more respectful	Teachers/Staff		In the yard		
	Peers		In the classroom		
	Classrooms	Be more resilient	With my friends		
000	With teachers		With actions		
	With peers		With words		
Build better relationships	With self	Be more responsible	With equipment		

PARENT/CARER

Please discuss this incident with your child, and sign and return this form tomorrow. If you have any questions, please do not hesitate to get in touch. Thank you for your support. Parent/Carer comment (optional):

Parent/Carer signature:

Date:

