






LEARN TO SOAR

Name: _____ Date: _____









I was not:

- ___ **S**taying safe
- ___ **O**wning my actions
- ___ **A**cting responsibly
- ___ **R**especting everyone and everything

I had trouble with:

Words 	Body 	School property 
Following directions 	Listening 	Other: _____







Where this happened:

Classroom 	Lunchroom 	Hallway 
Playground 	Specialties 	Restroom 
Arrival/Dismissal 	Office 	Other: _____

Who this was with:

Myself 	Student 	Class 	Teacher/Adult 
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Right now I feel:

Scared 	Worried 	Hurt 
Angry 	Sad 	Sorry 

Next time I will:

- Ask for help.
- Walk away.
- Talk to someone.
- Be a better example.

- Keep my hands / body to myself.
- Use my words.
- Other: _____

Teacher _____ explanation:

With a parent (or teacher), we talked about:

- What did I want to have happen?
- How was I feeling just after my action?
- What other choices could I have made?
- Who can I talk to for help next time?
- How do my choices affect other people?
- Why is it important to follow rules?
- Other

For Parents

Note to parent about LEARN TO SOAR form:

This is an opportunity to talk with your child about their actions to learn from this behavior and prevent future issues, and is not meant to be a punishment.

Parent Signature: _____



"It's okay to be upset, but remember FALCONS SOAR."

White: home Yellow: teacher