

# Think Sheet



Name: \_\_\_\_\_

Date: \_\_\_\_\_

I am feeling ....

(Circle)



happy



mad



sad



frustrated



confused

\_\_\_\_\_ Another feeling

because

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

next time I will

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

I can re-join the class when I am .....

Calm

Focused

Ready to learn

Teacher: \_\_\_\_\_ Principal: \_\_\_\_\_ Parent: \_\_\_\_\_