

Think Time Form

Name: _____ Date: _____ Time: _____

Classroom Teacher: _____ Location: _____

Homeroom Teacher (if different): _____ Grade: _____

1. I was sent to Think Time because I had difficulty with the following Gladiator Goals/Expectations:

Being Safe _____ Being Respectful _____

Being Responsible _____ Being Caring _____

My explanation for this behavior is _____

2. In order to meet the Gladiator Goals/Expectations, I will _____

3. Will you be able to do it?



Yes



No

Student Signature: _____ Teacher Initial: _____

Please sign this form and return to school tomorrow with any comments/questions.

Parent Signature: _____

