



# St Bernard's Think Paper

RULES	VALUES
RESPECT FOR:	FAITH
SELF	HOPE
OTHERS	LOVE
ENVIRONMENT	RESPECT
	JUSTICE
	JOY

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

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

Time & Place: \_\_\_\_\_

What happened? (Student to draw or write)

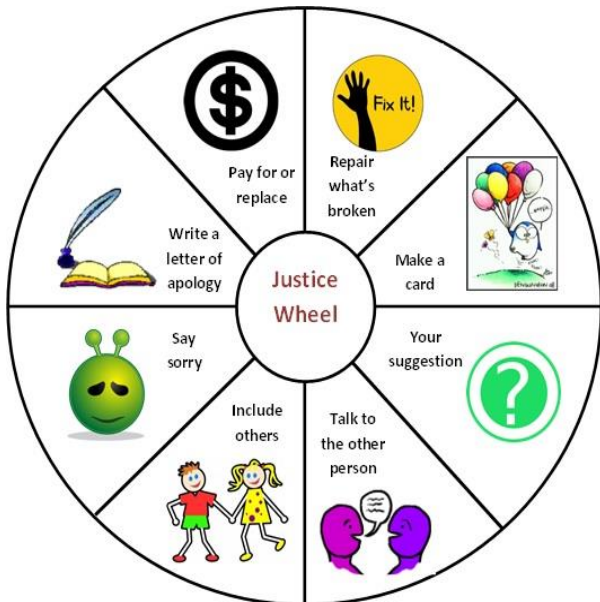
How did this make you feel?



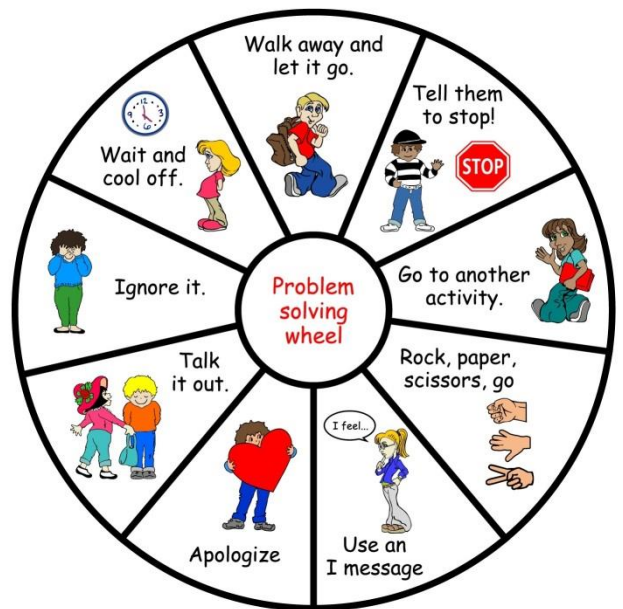
How did it make the other person feel?



How can you make this better?



What could you do instead next time?



Student: \_\_\_\_\_

Principal: \_\_\_\_\_

Teacher: \_\_\_\_\_

**Parents**, please take the time to talk to your child about the inappropriate behaviours and the Think Paper. Once you have signed this form, please return it to the school office ASAP.

Follow up meeting requested by parent. Please call \_\_\_\_\_ to arrange a time.  
Parent Contact Number

Follow up meeting requested by Principal. Please call (02) 9456 2104 to arrange a time.

Parent signature: \_\_\_\_\_

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