

Name: _____ Date: _____

Turning it Around - Back on Track



What happened? What did you do?

What did you use?



How were you feeling at the time?

confused



angry



annoyed



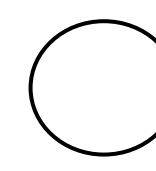
excited



embarrassed



other



What were you thinking at the time?

I



Who has been affected by what you did?

me



children



teachers



my family/carers



How has it affected you and others?

feelings



learning



teaching



body



How can you fix it? I can... ?

say sorry/apologise



shake hands



Next time I will?

