

Stop



What is my problem?

Think



How do I feel? _____

What do I want to happen? _____

Choose



I can solve this problem by:

Choice	Result
1.	
2.	
3.	
4.	

Do



The best result is: _____

Is this what I want to happen? _____

Evaluation of Problem Solving Plan

Is there anything else you would like to add to your plan?

Pupil signature: _____

Sit with your parent(s)/guardian(s) and evaluate your decision:

Parent comments:

Parent signature: _____

Sit with your teacher and evaluate your decision:

Teacher comments:

Teacher signature: _____ Date: _____