**Problem Solving Process**

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your Grade/Teacher: \_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_

***My Side of the Story***

Please use this form to tell your side of the story.

|  |  |
| --- | --- |
| ***What was the Problem?*** | ***Draw a picture or write out what happened:*** |
| *Write out or draw a picture of what happened:* | When did this happen? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Where did this happen?@ School / @ HomeMy Issues / Friends Issue |
| ***Check in on how you feel about the problem……*** | **Circle how you feel About this situation?** | ***Take a moment to Breathe and ReThink!***Any Ideas why you feel this way?  |
| ***THINK of possible Solutions******&******EXPLORE the Outcomes*** | **Share possible solutions a person could do?**  | **What are possible outcomes from the solution?** |
| (Ex: Tell the teacher / Talk to counselor) | (Ex: Teacher calls home – they get in trouble) |
| ***Pick a Solution*** | **Share which solution you want to try:** |
|  |
| Documentation (if needed) | **Teacher Use only**Entered in TAC? \_\_\_\_\_\_Parent Contacted? \_\_\_\_***Notes:*** |