**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 / @ Home  My 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:*** | | | |