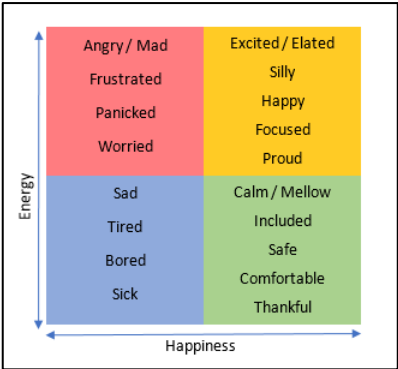
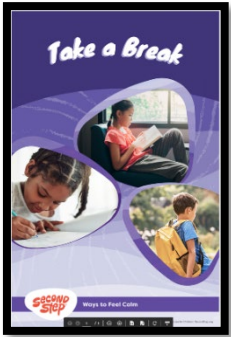


Problem Solving Process

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?	<u>Draw a picture or write out what happened:</u>	
	<u>Write out or draw a picture of what happened:</u> 	<u>When did this happen?</u>
	<u>Where did this happen?</u> @ School / @ Home My Issues / Friends Issue	
Check in on how you feel about the problem.....	<u>Circle how you feel About this situation?</u>	
		<u>Take a moment to Breathe and ReThink!</u> Any Ideas why you feel this way? <div style="text-align: right; margin-top: 10px;">  </div>
THINK of possible Solutions & EXPLORE the Outcomes	<u>Share possible solutions a person could do?</u> (Ex: Tell the teacher / Talk to counselor)	<u>What are possible outcomes from the solution?</u> (Ex: Teacher calls home – they get in trouble)
Pick a Solution	Share which solution you want to try:	

Documentation (if needed)	<u>Teacher Use only</u> Entered in TAC? _____ Parent Contacted? _____ <u>Notes:</u>
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