

STUDENTS

EXHIBIT – REFLECTION QUESTIONNAIRE FOR STUDENTS IN SCHOOL SUSPENSION (ISS) OR OUT OF SCHOOL SUSPENSION (OSS)

Student's Name: _____

Date: _____

This is the reason that I am in ISS:

How do I take responsibility for the choice(s) that I made?

What will I do differently if this situation happens again?

What additional help/support do I need and from whom?

What assistance have I had before?

For administration:

Is this the first time this school year that you have been in ISS? If not, why were you in ISS or OSS before?

I am going to commit to trying
to do better.

Student's Signature: _____

ISS/OSS Supervisor Signature: _____

Date received: _____

Adopted: October 17, 2016