

Name _____

**Kindergarten
Recovery Time
Think Sheet**

I am feeling:



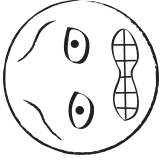
Angry



Happy



Guilty



Frightened



Sad



Embarrassed

I chose to:

I could have:

Did I apologize?

Yes

No

Do I need to apologize?

Yes

No

Student's Signature _____

Teacher's Signature _____

Parent/Guardian's Signature _____