Patterson Lakes PS
Values Reflection
Based on the school values and the foundations of You Can Do It

SURNAME ___________________________ DATE ____________

CHRISTIAN NAME ___________________________ GRADE ____________

VICTIM’S NAME/S ___________________________

REFERRED BY (TEACHER’S NAME) ___________________________

What has been done prior to the referral by the teacher?
________________________________________________________
________________________________________________________
________________________________________________________

Teacher required at the first restorative chat: YES ☐ NO ☐ NA ☐

The values/foundations I have not followed are (please circle):
RESPECT ☐ PERSISTENCE ☐ INTEGRITY ☐
GETTING ALONG ☐ EXCELLENCE ☐ RESILIENCE ☐
CONFIDENCE ☐ ORGANISATION ☐

The reason I am filling out this sheet is because I:
________________________________________________________
________________________________________________________
________________________________________________________

When I chose not to follow the school values/foundations I was thinking:
________________________________________________________
________________________________________________________
________________________________________________________

To put things right I need to:
________________________________________________________
________________________________________________________
The way I am going to improve my behaviour is:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Next time I do not follow the school values/foundations the following actions will occur (talked through by the teacher and student):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Parent contacted: YES ☐ NO ☐ DATE ________________

If NO, what was the reason for not contacting the parent?

________________________________________________________________________

Teacher who contacted parent: ________________________________

(Parents are to be contacted by the classroom teacher for first time offenders. Jason, Paul or Stan will contact parents for reoffenders).

Number of incidents to date ________________________________

I, ________________________________ (name) have had an opportunity to discuss the Values Reflection incident with ________________________________ (student name).

____________________________________  __________________________________
Parent/Guardian Signature                 Date

____________________________________  __________________________________
Teacher Signature                        Date

____________________________________  __________________________________
Student Signature                        Date