Individual Detention Time Arrived:\_\_\_\_\_\_\_\_\_\_\_

Sand

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of DT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Why did you receive a detention?
2. Is there anything that you still feel is unfair about this detention, or is there anything you don’t understand?
3. What could you do the next time so you do not receive another detention?
4. What adult(s) can you turn to in the school building to help you if you have questions, concerns, or if you are angry and upset?

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_