

Student Self-Reflection Form to Consider Routine

Self-Analysis of Routine

Use the following chart to reflect on your routines.

How would you describe your routines?	On a scale of 1 to 4, how many routines do you have? (1 means <i>not a lot of routines</i> ; 4 means <i>a lot of routines</i> .)

Use the following chart to determine what types of things get in the way of having helpful routines.

Things That Get in the Way	Follow-Up Questions
<input type="checkbox"/> Hunger	
<input type="checkbox"/> Lack of sleep	
<input type="checkbox"/> Trouble at home	
<input type="checkbox"/> Trouble at school	
<input type="checkbox"/> Homework not done	
<input type="checkbox"/> Missed medication	
<input type="checkbox"/> Illness; feeling sick	
<input type="checkbox"/> Confusion; don't understand the subject	

REPRODUCIBLE

Use the questions in the following chart to wrap up your reflections.

Closing Questions	Notes
Can you think of any times or situations in school that you would avoid if you could?	
In what classes or situations do you feel most successful?	
In what classes or situations is your behavior the best?	
Can you think of anything that you wish would happen that doesn't happen often or at all?	
Can you name one or two things you wish were different about school?	
Can you name one or two things you wish were different outside of school?	
Can you name one or two things you wish were different about yourself?	