

Solution Map

Name: _____ Date: _____ Time: _____

Statement of the Problem:

How did my actions impact others:

Other Strategies I Could Have Used:

1.

2.

3.

Best Strategy for this Problem:

My Plan for Next Time:

Student's Signature: _____ Teacher's Signature: _____

Students are aware that calls home and/or parent/teacher/student conferences will occur if solutions are not found.