



Carole Park State School

PO Box 186
Waterford Road,
CAROLE PARK Q 4300

Telephone: (07) 3718 5333
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A.B.N. 11 085 847 929
EMAIL: the.principal@caroleparkss.eq.edu.au

Dear Parent / Carer

Our school operates effective classroom and playground discipline policies which involve setting clearly explained rules to maintain a positive learning environment. The Planning Room operates at Lunch time for children who have displayed inappropriate behaviour. Whilst children are in the Planning Room, they are required to reflect on their behaviour and complete this form.

Included on this form are the details of your child's detention, as well as their responses to the problem solving questions. Please discuss these with your child, sign on the reverse of this form, and return this page to the office or classroom Teacher before school on the next school day. If you have any queries or concerns in regard to this form, please contact the Teacher who issued the Planning Room.

We thank you for your support in our endeavours to maintain a safe and supportive school environment.

Student's Name: _____ Class: _____

Date given: _____ Teacher who gave the Planning Room: _____ Time: _____

Where the incident took place: a) Classroom b) Playground c) Other _____

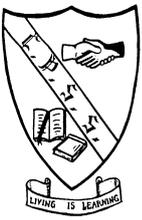
Reason/s for time in the Planning Room

According to our Responsible Behaviour Plan, the Planning Room attendance will result in the loss of play time and will be recorded as a major incident on OneSchool.

Child's signature: _____

(This is to verify that your child is aware of the reasons he / she is receiving a Planning Room)

Teacher's signature: _____



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TO BE COMPLETED AT SCHOOL

Planning Room Activities

1. What did you do to be in the Planning Room? (What rule did you break)

2. How did / could this affect others?

3. What else could you have done instead?

OR

What did you do?

What should have you done?

(Teacher Explanation)	(Teacher explanation)

Child's signature when work is completed: _____ Date work completed: _____

Planning Room supervisor: _____ Parent's signature: _____ Date: _____