

CONFLICT RESOLUTION REFLECTION MAT

Name: _____ Date: _____ Class: _____



1. WHAT HAPPENED?

Briefly describe the conflict.

2. HOW DID I FEEL?

Circle or list your feelings.



Angry



Upset



Frustrated



Worried



Sad



Embarrassed



Scared



Other

Other feelings: _____



3. WHAT WAS I THINKING?

What thoughts went through my mind?



4. WHAT CHOICES DID I HAVE?

List the choices you could make.

1

2

3



5. WHAT DID I DO?

What choice did you make?
How did it go?



6. WHAT WAS THE OUTCOME?

What happened as a result?



7. WHAT WILL I DO NEXT TIME?

What can you do differently next time?
What will help you?



REMEMBER:



LISTEN



SPEAK
RESPECTFULLY



WORK
TOGETHER



FIND
SOLUTIONS