# Basic Cognitive Processing Form
(rev. 12/02/24)

Resident: _____ Date: _____ Time: _____ am / pm

1. Taking Responsibility for Your Own Behaviors:
   What behavior(s) did you do that created a problem for other people (staff and peers) around you?

2. Taking Responsibility for Your Own Feelings:
   What feelings and/or thoughts drove those behaviors?

3. How do you think your behavior(s) impacted other people around you?

4. What could you do differently next time a similar situation happens?

_____   _____
Signature of Staff Person            Signature of Resident

Document Flow:  Reviewed by Shift Leader and Unit Director