

Name _____ Date _____ # _____

1. I listen well.
2. I am on task.
3. I am respectful.
4. I give my best effort.
5. I am prepared.
6. I use my resources.

Day	Behaviors I need to improve
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

parent signature (Thursday night)

date

Name _____ Date _____ # _____

1. I listen.
2. I do my work.
3. I am kind.
4. I try hard.
5. I am ready to learn.

Day	Behaviors I need to improve
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

parent signature (Thursday night)

date

Name _____ Date _____ # _____

1. I listen well.
2. I am on task.
3. I am respectful.
4. I give my best effort.
5. I am prepared.
6. I have my homework.
7. I am not disruptive.
8. I use my agenda.
9. I follow directions.
10. I use my resources.

Day	Behaviors I need to improve
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

parent signature (Thursday night)

date

Name _____ Date _____ # _____

1. I listen well.
2. I follow directions.
3. I am kind.
4. I make positive contributions to our classroom.
5. I am prepared.

Day	Behaviors I need to improve
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

parent signature (Thursday night)

date