

Positive Behaviors

Name: _____

Date: _____

| Goal or Rule (List below) | S M T W T h F | S M T W T h F |
|--|---------------------------------|---------------------------------|
| I will on my morning/afternoon work quietly. | S M T W T h F | |
| I will listen and not talk back to my teacher. | S M T W T h F | |
| I will stay in my personal space. | S M T W T h F | |
| I will not play or talk loud during lunch. | S M T W T h F | |
| I will walk quietly in the hallway. | S M T W T h F | |

Totals for the day: _____

Student comment: _____

