

# Making Smart Choices

Name \_\_\_\_\_ Date \_\_\_\_\_

I did not make smart choices today. I broke one or more of the class rules/procedures checked below. I will try to make smart choices tomorrow.

|                          |                      |                          |                            |
|--------------------------|----------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | Off Task             | <input type="checkbox"/> | Not Working Cooperatively  |
| <input type="checkbox"/> | Out of My Seat       | <input type="checkbox"/> | Not Following Directions   |
| <input type="checkbox"/> | Disrespecting Others | <input type="checkbox"/> | Not Completing Work        |
| <input type="checkbox"/> | Playground Behavior  | <input type="checkbox"/> | Not Keeping Body to Myself |
| <input type="checkbox"/> | Not Raising My Hand  | <input type="checkbox"/> |                            |

Comments: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_