

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: _____