

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: _____