Name:		Date:
CLASSROOM BEHAVIOR CHART  Color in or put a sticker on the space that matches your behavior each day.  Great Choices (Green)  Okay Choices (Yellow)		
Needs Improvement (Red)		
Day	Behavior Face	Teacher's Note
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
My Weekly Goal:		
This week I will try to:		
Reflection: How did I do?  I did my best every day!		
I will try harder next week!		