Name:	Date:
	L .

CLASSROOM BEHAVIOR CHART

Color in or put a sticker on the space that matches your behavior each day.

Gre Gre	eat Choice:	s (Green)
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- (i) 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:_____

YES / NO 7. Raising your hand before speaking.

YES / NO 8. Listening when others are sharing.