

Name: \_\_\_\_\_

Date: \_\_\_\_\_

# CLASSROOM RULES

Read the sentences below. Circle YES if it is a good classroom guideline.

Circle NO if it is not a good classroom guideline.

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|--|----------|
| 1. I raise my hand before speaking.              | YES / NO |
| 2. I run inside the classroom.                   | YES / NO |
| 3. I share toys with my friends.                 | YES / NO |
| 4. I keep my hands and feet to myself.           | YES / NO |
| 5. I shout loudly while the teacher is talking.  | YES / NO |
| 6. I listen carefully when others are speaking.  | YES / NO |
| 7. I take care of books and classroom materials. | YES / NO |
| 8. I eat snacks during story time.               | YES / NO |
| 9. I say "please" and "thank you."               | YES / NO |
| 10. I clean up my toys after playtime.           | YES / NO |