

Name _____ Date _____

Week# 1 2 3 4 5 6 7 8 9 10 11 12 (circle please)

SUMMER HOME CHECKLIST

	S u	M	T u	W	T H	F	S a
Make Bed/Clean Room							
Brush Teeth							
Go to Bed when Told							
Demonstrate Courtesy/Respect							
Practice Martial Arts Basic <input type="checkbox"/> 5x Advanced <input type="checkbox"/> 10x Warrior <input type="checkbox"/> 20x							
Say "Please/Thank You"							
Say "Yes Sir or Ma'am"							
Clean up Personal Dishes							
Get along with Siblings/Parents							
Parent Stripe (theme of cycle)							
Student Choice (fun activity)							

Parent Signature: _____

DO NOT THROW AWAY. THIS IS REQUIRED TO TURN IN WEEKLY TO TEST!

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