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

SCHOOL CHECKLIST

Academic Activity:	Fair	Good	Excellent	Superb
Pays attention in class	☐	☐	☐	☐
Follows Directions	☐	☐	☐	☐
Willingly Participates	☐	☐	☐	☐
Completes Homework	☐	☐	☐	☐
Treats Peers with Courtesy	☐	☐	☐	☐
Shows Teacher Respect	☐	☐	☐	☐
Report Card	☐	☐	☐	☐

Teacher Comments: _____

Parent/Teacher Signature: _____

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Name _____Date _____

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

HOME CHECKLIST

	Su	M	Tu	W	TH	F	Sa
Make Bed/Clean Room							
Brush Teeth							
Go to Bed when Told							
Demonstrate Courtesy/Respect							
Practice Martial Arts							
Chores							
Say "Yes Sir or Ma'am"							
Do Homework							
Parent Choice:							
Parent Stripe (theme of cycle)							
Student Choice							

Parent Signature: _____
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