







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

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

**SUMMER HOME CHECKLIST**

	Su	M	Tu	W	Th	F	Sa
 Clean Room Make Bed							
 Brush Teeth							
 Go To Bed When Told							
 Black Belt Attitude							
 Practice Martial Arts							
 Get Along With Others							
Parent Stripe							
Student Choice (fun activity)							







Parent Signature: \_\_\_\_\_

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

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