

Behavior Checklist

Student _____ Parent _____ Teacher _____

Please sign when checklist is completed



► Did I raise my hand and wait to be called on to speak?

Monday

Tuesday

Wednesday

Thursday

Friday

► Did I get out of my seat or talk with classmates without permission?

Monday

Tuesday

Wednesday

Thursday

Friday

► Did I ask about other students when I should be doing my work?

Monday

Tuesday

Wednesday

Thursday

Friday

► Did I finish my classwork to the best of my ability?

Monday

Tuesday

Wednesday

Thursday

Friday
