

STUDENT BEHAVIOR REPORT



Student Name _____

Date _____

Specific Behavior	Very Good	Much Better	Good	Not Trying	Very Disruptive
Follows Directions					
Finishes Work					
Classroom Behavior					
Sportsmanship					
Self Control					

Parents: Please sign and return the report to me on the next school day. You are encouraged to respond on the back of this sheet.

Teacher _____

Parent's Signature _____



MY BEST BEHAVIOR CHART

Name _____

Week of:

Monday

Tuesday

Wednesday

Thursday

Friday

Color in one box on each day that you have followed class rules.