Behavior Chart

Name _____ Week of _____

Monday	Tuesday	Wednesday	Thursday	Friday
Wow!	Wow!	Wow!	Wow!	Wow!
Outstanding	Outstanding	Outstanding	Outstanding	Outstanding
Ready to Learn	Ready to Learn	Ready to Learn	Ready to Learn	Ready to Learn
Think About it	Think About it	Think About it	Think About it	Think About it
Teacher Choice	Teacher Choice	Teacher Choice	Teacher Choice	Teacher Choice
Parent/Principal Contact	Parent/Principal Contact	Parent/Principal Contact	Parent/Principal Contact	Parent/Principal Contact
Comments:	Comments:	Comments:	Comments:	Comments:

Your signature acknowledges that you have seen your child's graded work and their weekly behavior chart. This must be returned to school!

Parent Signature: _____