

Name Date



Treat family and friends with respect.

Sun	Mon	Tue	Wed	Thu	Fri	Sat
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



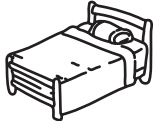
Use listening ears the first time.

Sun	Mon	Tue	Wed	Thu	Fri	Sat
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Put my toys away.

Sun	Mon	Tue	Wed	Thu	Fri	Sat
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Make my bed.

Sun	Mon	Tue	Wed	Thu	Fri	Sat
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Brush my teeth.

Sun	Mon	Tue	Wed	Thu	Fri	Sat
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Practice karate.

Sun	Mon	Tue	Wed	Thu	Fri	Sat
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My week overall:

What did you practice this week?

What is your goal for the month?

Inspected by:

(Parent/Guardian)

On the back of this sheet, brag on your kid with a little "victory" note.

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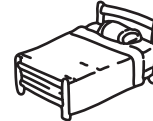
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