## Towards Positive Behavior

Name: $\qquad$
Week: $\qquad$

Goal(s)

| Day of the Week | Number of Times My <br> Goal Was Met <br> (Use Tally) | Teacher <br> Signature or <br> Initials | Parent <br> Signature or <br> Initials |
| :--- | :--- | :--- | :--- |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |

