I Can Do It

Name:

Goal: _____

(Initial box and highlight appropriate face, should be kept on student desk or in journal and tracked daily)

Time Block:	Monday			Tuesday			Wednesday			Thursday			Friday		
_____	☺	😐	☹	☺	😐	☹	☺	😐	☹	☺	😐	☹	☺	😐	☹
_____	☺	😐	☹	☺	😐	☹	☺	😐	☹	☺	😐	☹	☺	😐	☹
_____	☺	😐	☹	☺	😐	☹	☺	😐	☹	☺	😐	☹	☺	😐	☹
_____	☺	😐	☹	☺	😐	☹	☺	😐	☹	☺	😐	☹	☺	😐	☹
_____	☺	😐	☹	☺	😐	☹	☺	😐	☹	☺	😐	☹	☺	😐	☹

http://

I Can Do It

Name:

Goal: _____

(Initial box and highlight appropriate face, should be kept on student desk or in journal and tracked daily)

Time Block:	Monday			Tuesday			Wednesday			Thursday			Friday		
_____	☺	😐	☹	☺	😐	☹	☺	😐	☹	☺	😐	☹	☺	😐	☹
_____	☺	😐	☹	☺	😐	☹	☺	😐	☹	☺	😐	☹	☺	😐	☹
_____	☺	😐	☹	☺	😐	☹	☺	😐	☹	☺	😐	☹	☺	😐	☹
_____	☺	😐	☹	☺	😐	☹	☺	😐	☹	☺	😐	☹	☺	😐	☹
_____	☺	😐	☹	☺	😐	☹	☺	😐	☹	☺	😐	☹	☺	😐	☹