## The Road to Positive Behavior

Goal:

Date:
Name:

| Day of Week | Tally of Points for <br> Goal Met | Teacher Initials | Parent Initials |
| :---: | :---: | :---: | :---: |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |

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