

Child's name: _____

Goal # _____

I will . . . _____

<i>Daily Breakdown</i>	<i>Day 1</i>	<i>Day 2</i>	<i>Day 3</i>	<i>Day 4</i>	<i>Day 5</i>
Early Morning (school)					
Late Morning (school)					
Afternoon (school)					
Early Evening (home)					
Later Evening (home)					

NOTE: Please draw a star in the box if _____ meets the goal of _____

20 stars (80%) will be considered successful and will be rewarded with _____
(for example, a special activity at home on the weekend).

Note: this sheet will go to school and come home each day.