**Self-Management Checklist**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Directions: Rate your behavior. Teacher will initial if she or he agrees.**

**\*NA: Does not apply**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Stop and Listen | Ask for Help from a Peer ☺ | Complete Work | Finish on Time | Teacher Initial |
| Morning Check In | Yes / No / N/A | Yes / No / NA | Yes / No / NA | Yes / No / NA |  |
| Math | Yes / No | Yes / No / NA | Yes / No | Yes / No |  |
| Reading | Yes / No | Yes / No / NA | Yes / No | Yes / No |  |
| Social Studies | Yes / No | Yes / No / NA | Yes / No | Yes / No |  |
| Lunch | Yes / No / NA | Yes / No / NA | n/a | Yes / No / NA |  |
| Language Arts | Yes / No | Yes / No / NA | Yes / No | Yes / No |  |
| Music | Yes / No | Yes / No / NA | Yes / No | Yes / No |  |
| Science | Yes / No | Yes / No / NA | Yes / No | Yes / No |  |
| Afternoon Check Out | Yes / No / NA | Yes / No / NA | Yes / No / NA | Yes / No / NA |  |
| Total for Goal | /9 | /9 | /8 | /9 | /9 |

Reward: