

Student Name: _____

Hands Off Academy- Weekly Self-Monitoring Form

<i>Behaviors: How well did I</i>	<i>Previous Week:</i>
Show respect to adults and students	Circle one: Good Fair Poor
Keep my hands to myself	Circle one: Good Fair Poor

What worked for you? _____

What didn't work for you? _____

Contract for this week:

I _____ will work on _____
this week in order to meet my behavior goal.

Student Signature: _____