

# Academic/Non-Academic Self-Monitoring Form

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

My goal is: \_\_\_\_\_

\_\_\_\_\_ days out of \_\_\_\_\_ days

Put a check in the box to show that you met your goal that day.

Monday	Tuesday	Wednesday	Thursday	Friday

I met my goal (yes or no): \_\_\_\_\_

I will receive \_\_\_\_\_ when I meet my goal.

Student's signature: \_\_\_\_\_

Teacher's signature: \_\_\_\_\_ Parent's signature: \_\_\_\_\_