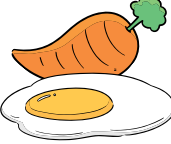


































Good Behavior Table

Name : _____

Date : _____

Actions	Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	I ate healthy food							
	I brushed my teeth							
	I tidy up my toys							
	I did my homework							
	I slept on time	