| Name: _ | | |
|---------|--|--|
| | | |
| Month: | | |

Please look at this calendar every day with your child and initial it (in the box). If your child had a yellow or red day, please ask your child why and discuss the importance of good behavior. Please leave the calendar in your child's binder when you're done.

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
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