



Self-Discipline

Student Name: _____

Write down something you did around the house or at school that you **did not** have to be told by your parents or teachers. **Be creative!** Also, write down each time you stopped yourself from doing something you know you shouldn't. Use the back of the page if additional room is needed to explain. Each time you have completed ten acts of "Self-Discipline" turn in your sheet to receive a merit stripe.

1.	2.	3.	4.	5.
6.	7.	8.	9.	10.

Parent Name & Signature: _____ Date: _____

Staff Signature: _____ Stripe Awarded: ☐ Date: _____

1.	2.	3.	4.	5.
6.	7.	8.	9.	10.

Parent Name & Signature: _____ Date: _____

Staff Signature: _____ Stripe Awarded: ☐ Date: _____

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6.	7.	8.	9.	10.

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