

Self Management Form

Student Name: _____ Date: _____

When you hear the beep put a smiley face in the box if you working on your assignment.

How many times was I working on my assignment when I heard the bell?

My goal is: _____

The number of times I was working on my assignment: _____

My goal is to be working on my assignment: _____

I met my goal (yes or no): _____

I will reinforce myself when I meet my goal by: _____