SELF-MANAGER APPLICATION

| Name: | Date Applied: | | |
|--|----------------|------------------|------------------|
| Parent's Signature: | Date Awarded: | | |
| MANAGEMENT SKILLS | | ALMOST ALWAYS | WORKING ON IT |
| 1. I am a good listener and I try to understand | | | |
| 2. I follow classroom and school rules. | | | |
| 3. I do my work on time and as well as I can. | | | |
| 4. I can work with a small group. | | | |
| 5. I can work alone. | | | |
| 6. I use playground equipment properly. | | | |
| 7. I can take care of myself even when no one | e is watching. | | |
| 8. I have self-control. | | | |
| RESPECT FOR PROPERTY, SELF, AND OT I cooperate with people. I take care of my property and I respect the | | | |
| property of others. | | | |
| 3. I go to and from class without problems. | | | |
| 4. I use good manners while eating lunch. | | | |
| HELPING OTHERS | | | |
| 1. I don't hurt other people. | | | |
| 2. I am helpful to others. | | | |
| 3. I am a good sport; I play fair and follow gan | ne rules. | | |

From Wong and Wong, THE First Days of School

NOTE: To become a Self-Manager, ALL checks must be in the "almost always" column. A student's behavior may be verified by any teacher or staff member who has responsibility for his or her education.