Behavior Contract For: Student Name Here

Week Of:

June XX, 2021

If: _____

Then: _____

Day	Behavior	Notes
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

XXXXXXXX

Teacher's Name

June 4, 20XX

Date

Behavior Contract (Grades 3-5)

BEHAVIOR CONTRACT FOR: **WEEK OF:**

What do I need to do?

What is the *(hourly/daily/weekly)* goal?

Subject	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Math						
Reading						
Science						
Social Studies						

If I reach my _____ goal, I get to: _____

(hourly/daily/weekly)

Student signature:

Teacher signature:

Behavior Contract (Grades 6-12)

BEHAVIOR CONTRACT FOR: **WEEK OF:**

Expected Behavior:

Class / Teacher	Monday	Tuesday	Wednesday	Thursday	Friday

If I meet my behavioral goal: _____

If I **DO NOT** meet my behavioral goal: _____

Student signature:

Teacher signature: