

## MY BODY & ME

Name: \_\_\_\_\_

**Directions:** Fill in the goal charts below. Choose one excellent choice you can make daily, for your exercise, sleep, and free time. Track your success this week.

**1. daily goal for exercise:** \_\_\_\_\_

day #1	day #2	day #3	day #4	day #5	day #6	day #7

What was hard for you?

**2. daily goal for sharing toys with others:** \_\_\_\_\_

day #1	day #2	day #3	day #4	day #5	day #6	day #7

What was hard for you?

**3. daily goal for listening to teachers or parents:** \_\_\_\_\_

day #1	day #2	day #3	day #4	day #5	day #6	day #7

What was hard for you?