

I Can Do It!

Name _____

Goal: _____

(Initial box and highlight appropriate face, should be kept on student desk or in journal and tracked daily)

Week:	Monday	Tuesday	Wednesday	Thursday	Friday
_____	😊 😐 😞	😊 😐 😞	😊 😐 😞	😊 😐 😞	😊 😐 😞
_____	😊 😐 😞	😊 😐 😞	😊 😐 😞	😊 😐 😞	😊 😐 😞
_____	😊 😐 😞	😊 😐 😞	😊 😐 😞	😊 😐 😞	😊 😐 😞
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_____	😊 😐 😞	😊 😐 😞	😊 😐 😞	😊 😐 😞	😊 😐 😞
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_____	☺ ☹ ☠	☺ ☹ ☠	☺ ☹ ☠	☺ ☹ ☠	☺ ☹ ☠

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_____	☺ ☹ ☠	☺ ☹ ☠	☺ ☹ ☠	☺ ☹ ☠	☺ ☹ ☠
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