



Student Name _____

WENT THE EXTRA MILE TODAY BY

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Helping a Friend | <input type="checkbox"/> Participating | <input type="checkbox"/> Working Hard | <input type="checkbox"/> Telling the Truth |
| <input type="checkbox"/> Showing Respect | <input type="checkbox"/> Listening | <input type="checkbox"/> Being Responsible | <input type="checkbox"/> Learning |
| <input type="checkbox"/> Caring | <input type="checkbox"/> Following Directions | <input type="checkbox"/> Not Giving Up | <input type="checkbox"/> Other: _____ |

Additional Info: _____

Date: _____



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