

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

Date: \_\_\_\_\_

Directions: Circle yes or no for each of the following statements.

I pay attention to the teacher.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
I have all the materials I need for class.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
I ask for help if I need it.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
I know each step in the task I am doing.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
I am focused on the task.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
My work is neat and legible.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
I turn my in assignments on time.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
I keep my work area clean and tidy.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO