

# BEHAVIOR CONTRACT

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

I promise to work on these behavior expectations: \_\_\_\_\_

Choose 3 of the following or create your own.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> I will go to bed when asked   | <input type="checkbox"/> I will pick up after myself                                  | <input type="checkbox"/> I will use good manners  |
| <input type="checkbox"/> I will not interrupt  | <input type="checkbox"/> I will keep good hygiene                                     | <input type="checkbox"/> I will treat others with respect                                     |
| <input type="checkbox"/> I will respect the property and privacy of others   | <input type="checkbox"/> I will be sensitive to the feelings of others                | <input type="checkbox"/> I will avoid behaviors that are aggressive, destructive or dangerous |
| <input type="checkbox"/> I will not give in to peer pressure   | <input type="checkbox"/> I will avoid places and objects that are unsafe or dangerous | <input type="checkbox"/> I will take responsibility for my actions and not blame others       |
| <input type="checkbox"/> I will present a positive attitude instead of being negative, pessimistic or rude                     | <input type="checkbox"/> I will complete my homework on time                          | <input type="checkbox"/> I will eat healthy foods   |
| <input type="checkbox"/> I will get ready for school on time   | <input type="checkbox"/> I will listen and be attentive when spoken to                | <input type="checkbox"/> I will do my chores  |
| <input type="checkbox"/> I will limit my use of technology (television, cell phone, computer, video games, etc) to ___ hrs/day | <input type="checkbox"/> I will spend time with my family                             | <input type="checkbox"/> I will _____   |
|  | <input type="checkbox"/> I will _____   | <input type="checkbox"/> I will _____   |

Reward for meeting these expectations: \_\_\_\_\_

Consequence for not meeting these expectations: \_\_\_\_\_



Child Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Pointing Kids in the Right Direction  
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