**Daily Reflection Checklist:**

**Character**

|  |
| --- |
| Date: |
| How well did I work today? |
|  | Always | Sometimes | Not Really |
| I had my stuff. |  |  |  |
| I worked hard (Go for it, finish it!) |  |  |  |
| I was calm and regulated.  |  |  |  |
| I tried new things and was okay making mistakes |  |  |  |
| Next day, I need to…\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |