



Student Behavior Evaluation

GREEN STRIPE - GOOD HABITS

Student's Name: _____

Current Belt: _____

Date of Birth: ____ / ____ / ____

Stripes: _____

TO BE EVALUATED BY PARENTS

Please mark with an (X) as applicable

	YES	NO
Participates in Clean-Up Day		
Assists in maintaining the school/home garden (if applicable)		
Helps care for the family pet (if applicable)		
Maintains personal hygiene without complaint		
Focuses on reading or listening to a book for 20 minute		
Visits the doctor and dentist as advised by parents		

NUTRITION HABITS

	Describe	Date
Food #1		
Food #2		
Food #3		
Food #4		
Food #5		

Name of the Parent: _____

Received on: ____ / ____ / ____

Rank Approved by: _____

Examiner: _____

Date: ____ / ____ / ____