



Responsibility Journal

Student Name & Month: _____

Develop a Responsibility list for yourself. When you have fulfilled the responsibility for each day check it off. Have your parents "inspect" this completed week and bring it into class.

Inspected by: _____
Parent or guardian

Daily Responsibilities	S	M	T	W	T	F	S
Self Care							
School							
Family							

Student Signature _____

Instructor Signature: _____

Responsibility Options for Family or Self

- Vacuum living room
- Vacuum dining room
- Empty or take out garbage
- Put away laundry or assist with laundry
- Dust living room
- Dust dining room
- Clean bathrooms
- Make my bed

Responsibility Options for School

- Complete homework
- Respect Teacher
- Respect classmates
- Remember: lunch, library books, etc.
- Take pride in caring for my backpack and supplies