

_____ 's Monthly Behavior Chart

Label the month then fill in the corresponding dates (inside the brackets). Choose three behaviors and/or chores that you would like your adult child to display/complete each day and write them in the spaces provided below the calendar. At the end of each day check off the behaviors that he/she was successful with. Determine the criteria that must be met in order for your adult child to maintain the privilege of living at home. If your adult child does not meet the criteria that has been established then he/she should be expected to move out.

Month: _____ **Year:** _____

SUN	MON	TUE	WED	THU	FRI	SAT
[]	[]	[]	[]	[]	[]	[]
B1 <input type="checkbox"/>	B1 <input type="checkbox"/>	B1 <input type="checkbox"/>	B1 <input type="checkbox"/>	B1 <input type="checkbox"/>	B1 <input type="checkbox"/>	B1 <input type="checkbox"/>
B2 <input type="checkbox"/>	B2 <input type="checkbox"/>	B2 <input type="checkbox"/>	B2 <input type="checkbox"/>	B2 <input type="checkbox"/>	B2 <input type="checkbox"/>	B2 <input type="checkbox"/>
B3 <input type="checkbox"/>	B3 <input type="checkbox"/>	B3 <input type="checkbox"/>	B3 <input type="checkbox"/>	B3 <input type="checkbox"/>	B3 <input type="checkbox"/>	B3 <input type="checkbox"/>
[]	[]	[]	[]	[]	[]	[]
B1 <input type="checkbox"/>	B1 <input type="checkbox"/>	B1 <input type="checkbox"/>	B1 <input type="checkbox"/>	B1 <input type="checkbox"/>	B1 <input type="checkbox"/>	B1 <input type="checkbox"/>
B2 <input type="checkbox"/>	B2 <input type="checkbox"/>	B2 <input type="checkbox"/>	B2 <input type="checkbox"/>	B2 <input type="checkbox"/>	B2 <input type="checkbox"/>	B2 <input type="checkbox"/>
B3 <input type="checkbox"/>	B3 <input type="checkbox"/>	B3 <input type="checkbox"/>	B3 <input type="checkbox"/>	B3 <input type="checkbox"/>	B3 <input type="checkbox"/>	B3 <input type="checkbox"/>
[]	[]	[]	[]	[]	[]	[]
B1 <input type="checkbox"/>	B1 <input type="checkbox"/>	B1 <input type="checkbox"/>	B1 <input type="checkbox"/>	B1 <input type="checkbox"/>	B1 <input type="checkbox"/>	B1 <input type="checkbox"/>
B2 <input type="checkbox"/>	B2 <input type="checkbox"/>	B2 <input type="checkbox"/>	B2 <input type="checkbox"/>	B2 <input type="checkbox"/>	B2 <input type="checkbox"/>	B2 <input type="checkbox"/>
B3 <input type="checkbox"/>	B3 <input type="checkbox"/>	B3 <input type="checkbox"/>	B3 <input type="checkbox"/>	B3 <input type="checkbox"/>	B3 <input type="checkbox"/>	B3 <input type="checkbox"/>
[]	[]	[]	[]	[]	[]	[]
B1 <input type="checkbox"/>	B1 <input type="checkbox"/>	B1 <input type="checkbox"/>	B1 <input type="checkbox"/>	B1 <input type="checkbox"/>	B1 <input type="checkbox"/>	B1 <input type="checkbox"/>
B2 <input type="checkbox"/>	B2 <input type="checkbox"/>	B2 <input type="checkbox"/>	B2 <input type="checkbox"/>	B2 <input type="checkbox"/>	B2 <input type="checkbox"/>	B2 <input type="checkbox"/>
B3 <input type="checkbox"/>	B3 <input type="checkbox"/>	B3 <input type="checkbox"/>	B3 <input type="checkbox"/>	B3 <input type="checkbox"/>	B3 <input type="checkbox"/>	B3 <input type="checkbox"/>
[]	[]	[]	[]	[]	[]	[]
B1 <input type="checkbox"/>	B1 <input type="checkbox"/>	B1 <input type="checkbox"/>	B1 <input type="checkbox"/>	B1 <input type="checkbox"/>	B1 <input type="checkbox"/>	B1 <input type="checkbox"/>
B2 <input type="checkbox"/>	B2 <input type="checkbox"/>	B2 <input type="checkbox"/>	B2 <input type="checkbox"/>	B2 <input type="checkbox"/>	B2 <input type="checkbox"/>	B2 <input type="checkbox"/>
B3 <input type="checkbox"/>	B3 <input type="checkbox"/>	B3 <input type="checkbox"/>	B3 <input type="checkbox"/>	B3 <input type="checkbox"/>	B3 <input type="checkbox"/>	B3 <input type="checkbox"/>

Behaviors:

B1	
B2	
B3	