

Health Behavior Contract

Make Friends

Name: _____ Date: _____

Health goal: I will develop healthy friendships.

Who can help? _____

What will I do?

- Say "Hello" to a new person
- Invite a friend to play a game
- Invite a classmate to do homework together

My Calendar

(Record how you were friendly)

M T W Th F S S

SIGNATURE: _____

DISCLAIMER: The lesson plans and information therein are for general information only. For guidance on individual health issues and diagnosis and treatment of specific conditions, consult a physician or other health-care professional.

