

Be Kind

1. _____

2. _____

3. _____

4. _____

5. _____

Everyday

6. _____

7. _____

8. _____

9. _____

10. _____

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STUDENT NAME

TEACHER NAME

DATE

Document every act of Kindness you perform within your school, home, and community. Once your journal is completed, turn your journal into your teacher for a brand new one. How many journals can you complete?