

NAME: _____ CLASS: _____ DATE: _____

IS IT A GOOD HABIT?

Color Yes and No Block.



YES

NO



YES

NO



YES

NO



YES

NO



YES

NO



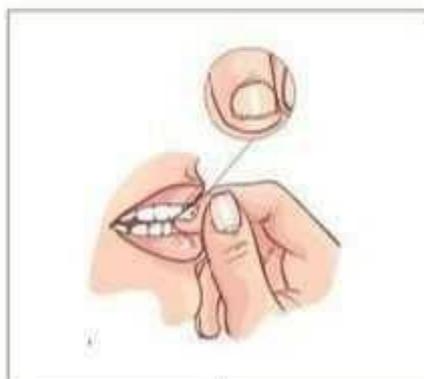
YES

NO



YES

NO



YES

NO



YES

NO