**Habits-of-Heart Homework**

Name: Date:

Habit-of-Heart:

Draw and tell what you did at home to practice the habit-of-heart.

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Parent/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_