

# Daily Report

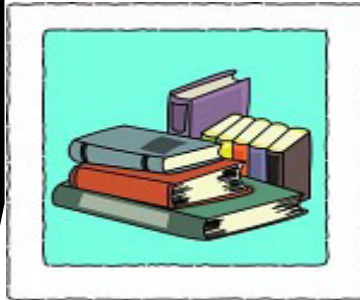
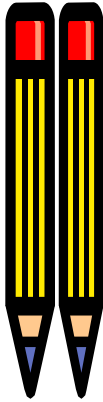
Name: \_\_\_\_\_

Date: \_\_\_\_\_

I may need some help with: \_\_\_\_\_

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Other comments:



Friday Folder

Date:

Teacher comments:

Parent comments:

Date:

Teacher comments:

Parent comments:

Date:

Today I did a great job at:

Teacher comments:

Parent comments:

Date:

Teacher comments:

Parent comments:

Behavior Report for \_\_\_\_\_

Date \_\_\_\_\_

Times of Day	Followed Directions	Listened to Directions	Raised Hand before Talking	Did not Argue with Adults
Morning				
Afternoon				
Specials				

Great =

Fair =

Unacceptable =

Teacher Comment \_\_\_\_\_

Parent Comment \_\_\_\_\_

Parent Signature \_\_\_\_\_

## Weekly Behavior Chart

Week of \_\_\_\_\_

	Sat Cor- rectly in Chair	Followed Directions	* Listened with "5" While Others Spoke	Partici- pated	Earned Bo- nus Points	Parent Ini- tials
<b>Monday</b>						
A.M.						
P.M.						
Specials						
Total Points						
Comments:						
<b>Tuesday</b>						
A.M.						
P.M.						
Specials						
Total Points						
Comments:						
<b>Wednesday</b>						
A.M.						
P.M.						
Specials						
Total Points						
Comments:						
<b>Thursday</b>						
A.M.						
P.M.						
Specials						
Total Points						
Comments:						

	Sat Correctly in Chair	Followed Directions	* Listened with "5" While Others Spoke	Participated	Earned Bonus Points	Parent Initials
<b>Friday</b>						
A.M.						
P.M.						
Specials						
Total Points						
Comments:						
Points for Week						

\*"5" = eyes, ears, mouths closed, hands free, and feet still

**Name** \_\_\_\_\_

Date \_\_\_\_\_

**Homework:**

**Behavior:**

Spelling \_\_\_\_\_

\_\_\_\_\_ Great (0-3 warnings)

Reading \_\_\_\_\_

\_\_\_\_\_ Good (4-6 warnings)

Math \_\_\_\_\_

\_\_\_\_\_ Fair (7-9 warnings)

Science \_\_\_\_\_

\_\_\_\_\_ Poor (10+ warnings)

Social Studies \_\_\_\_\_

**Comments:**

English \_\_\_\_\_

Other \_\_\_\_\_

**Parent Signature** \_\_\_\_\_

✓ = YES!

X = No

- Kept hands to self
- Stayed in seat
- Raised hand in order to participate
- Respected other people's property
- Brought assignment log & books to room 28

(date)

(teacher initials)

Date: \_\_\_\_\_

<b>Did I...</b>	<b>A.M.</b>	<b>P.M.</b>
<b>Follow Directions</b>		
<b>Complete My Work w/Good Work Habits</b>		
<b>Use My Manners</b>		
<b>Respect My Friends</b>		
<b>Have Good Restroom Breaks</b>		
<b>Have Good Cafeteria Behavior</b>		
<b>Do a Good Job in Specials</b>		

**My color for today was:**

<b>GREEN</b>	Reason:
<b>YELLOW</b>	Reason:
<b>RED</b>	Reason:

Positive Points: \_\_\_\_\_

Homework: \_\_\_\_\_






SIGN & RETURN \_\_\_\_\_

Comments:

# Homework Check List

Week: \_\_\_\_\_



Fill-in your assignments below. Check them off as they are completed.

 <h2>Math</h2> <p>Mon. _____ <input type="checkbox"/></p> <p>Tues. _____ <input type="checkbox"/></p> <p>Wed. _____ <input type="checkbox"/></p> <p>Thurs. _____ <input type="checkbox"/></p> <p>Fri. _____ <input type="checkbox"/></p>	 <h2>Reading</h2> <p>Mon. _____ <input type="checkbox"/></p> <p>Tues. _____ <input type="checkbox"/></p> <p>Wed. _____ <input type="checkbox"/></p> <p>Thurs. _____ <input type="checkbox"/></p> <p>Fri. _____ <input type="checkbox"/></p> 
 <h2>Science</h2> <p>Mon. _____ <input type="checkbox"/></p> <p>Tues. _____ <input type="checkbox"/></p> <p>Wed. _____ <input type="checkbox"/></p> <p>Thurs. _____ <input type="checkbox"/></p> <p>Fri. _____ <input type="checkbox"/></p> 	<h2>Writing</h2> <p>Mon. _____ <input type="checkbox"/></p> <p>Tues. _____ <input type="checkbox"/></p> <p>Wed. _____ <input type="checkbox"/></p> <p>Thurs. _____ <input type="checkbox"/></p> <p>Fri. _____ <input type="checkbox"/></p>
<h2>Social Studies</h2> <p>Mon. _____ <input type="checkbox"/></p> <p>Tues. _____ <input type="checkbox"/></p> <p>Wed. _____ <input type="checkbox"/></p> <p>Thurs. _____ <input type="checkbox"/></p> <p>Fri. _____ <input type="checkbox"/></p>	<h2>Other</h2> <p>Mon. _____ <input type="checkbox"/></p> <p>Tues. _____ <input type="checkbox"/></p> <p>Wed. _____ <input type="checkbox"/></p> <p>Thurs. _____ <input type="checkbox"/></p> <p>Fri. _____ <input type="checkbox"/></p>

# Positive Behaviors

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Goal or Rule (List Below)			
	A.M.		
	P.M.		
	A.M.		
	P.M.		
	A.M.		
	P.M.		
	A.M.		
	P.M.		
	A.M.		
	P.M.		

Totals for the Day: \_\_\_\_\_

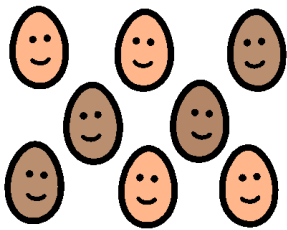
Student Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



# Today at School

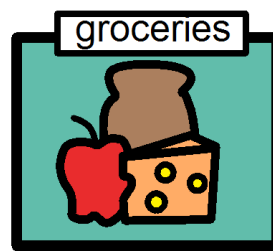
circle time



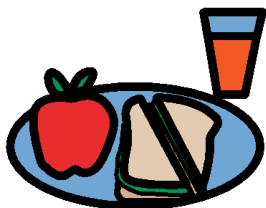
calendar



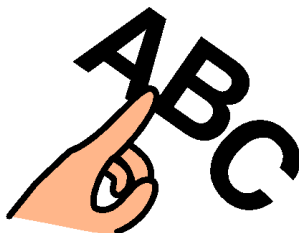
grocery store



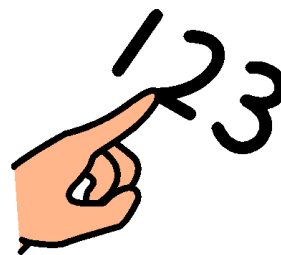
lunch



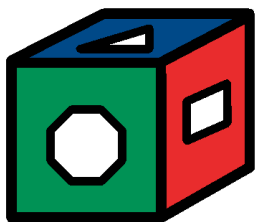
spelling



counting



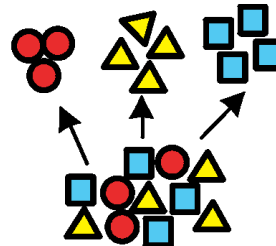
shape sorter



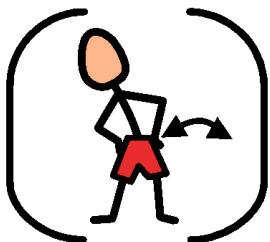
science



sort



gym class



special activity



cooking



# Travel Card

Student Name: \_\_\_\_\_

Date	
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<b>Key</b>	<b>+ = Yes</b>	<b>0 = No</b>	<b>NA = Not Applicable</b>
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	Did student follow class rules?	Did student participate in class?	Did student complete assignments?	Did student turn in homework?	Teacher's initials
Reading					
Science					
Social Studies					
Study Skills					
English					
Spanish					

Bonus Points			Has assignment book?	
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Total	+	0			
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Teacher Comments/Suggestions/Announcements:

Today is \_\_\_\_\_

Subject	Level 1-5	Assignment	Done	Teacher Comments
Reading 9:15-10:15 (Mrs. )				
Specials 10:15-11:15				
Math 11:15-12:00 (Ms. )				
Spelling 12:00-12:20 (Mrs. )				
Lunch 12:30				
Language 1:00-1:35 Ms. )				
1:35-2:00 Math ( )				
2:00 Recess				
2:30-3:00 Writing/Science/Social Studies (Mrs. )				
3:00-3:30 Study Hall/AR Read/ Finish Work (Social Skills Wed.)				

Parent signature \_\_\_\_\_

Parent comments:

Date: \_\_\_\_\_

- \_\_\_\_\_ should mark what level she is at in each area according to her number scale with 1 being doing well and 5 requiring teacher intervention.

Name: \_\_\_\_\_

Date: \_\_\_\_\_



## My Day at School...

### Room 4

Morning Work:	1	2	3	4	5	_____
Exercise:	1	2	3	4	5	_____
Sensory/Study Hall:	1	2	3	4	5	_____
O.T./P.T./Speech:	1	2	3	4	5	_____

### General Education

Spelling:	1	2	3	4	5	_____
Reading:	1	2	3	4	5	_____
Recess:	1	2	3	4	5	_____
Math:	1	2	3	4	5	_____
Science:	1	2	3	4	5	_____
Lunch:	I ate...	<input type="checkbox"/> Great!	<input type="checkbox"/> Most of my food.	<input type="checkbox"/> I wasn't hungry.		

### Specials

Art:	1	2	3	4	5	_____
P.E.:	1	2	3	4	5	_____
Music:	1	2	3	4	5	_____
Library/Tech:	1	2	3	4	5	_____

To make my day better, these are the things that I need:

- Pull-ups       Wipes       Kleenex



