

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... Great! Most of my food. 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

Daily News Log

Day _____

My favorite Center today

Was: _____

Special

Activity _____

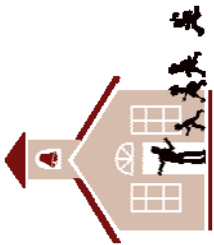
Behavior/Mood: happy calm quiet silly cooperative
 talkative sad non compliant

Bathroom

News: _____

Comments: _____

Teacher _____



1. Today I attempted to participate to circletime activities—such as body movement, imitation of YES SOMETIMES NO
2. I preferred to play alone today. I played well with others. YES/NO

3. During activity time/work station time I...

4. Today I enjoyed...

Teacher/Parent Positive Comments or Concerns:

Please initial each day so we know you have read this.

Thanks!

Daily

Notes: Week of _____

| Behaviors | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------|--------|---------|-----------|----------|--------|
| Crying | | | | | |
| Tantrums | | | | | |
| Bathroom | | | | | |
| Eat Lunch | | | | | |
| | | | | | |

Monday:

Best Thing of the Day: _____

Challenge of the Day: _____

Tuesday:

Best Thing of the Day: _____

Challenge of the Day: _____

Wednesday:

Best Thing of the Day: _____

Challenge of the Day: _____

Thursday:

Best Thing of the Day: _____

Challenge of the Day: _____

Friday:

Best Thing of the Day: _____

Challenge of the Day: _____

Good Morning _____

The date is _____

The day is: Monday Tuesday Wednesday Thursday Friday

Special: Media C. Media C. PE Art Music

| Today's Assignments | Check if completed | Points 0 or 2 |
|--------------------------|--------------------|------------------|
| Clinic | | |
| Assignment 3 | | |
| Assignment 4 | | |
| Lunch with your class | | |
| Recess with your class | | |
| Specials with your class | | |
| Assignment 1 | | |
| Assignment 2 | | |
| SSR (20 Minutes) | | |
| | | |
| | | |



| Yesterday | Today | Total |
|-----------|-------|-------|
| | | |

With points, you can earn these privileges:

- 1) book buddies
- 2) study trips (there is a trip on Oct. 11)
- 3) variety of break activities
- 4) invite a pal to lunch or recess in room 24
- 5) peer tutor
- 6) time with Mr. Maniakas
- 7) ?????? what would you like to add? _____
- 8) _____
- 9) _____

| Today's Needs | Check if used | Points 1 |
|----------------|---------------|-------------|
| 9:15 restroom | | |
| 10:40 restroom | | |
| 11:50 restroom | | |
| 12:50 restroom | | |
| 2:00 restroom | | |
| snack/water | 1 2 3 4 5 | NA |
| | | |

Your IEP allows these accommodations:

- 1) small group testing
- 2) preferential seating
- 3) extended time
- 4) access to food and drinks at all times
- 5) flexible schedule for test and assignments
- 6) choices
- 7) breaks (paper/pencil drawing, reading, or rest)

You are responsible for:

- 1) all 4th grade academic class work, assignments, and tests
- 2) using acceptable strategies to manage stress, frustration, and anger
- 3) passing ISTEP and earning passing grades (Needed to go to 5th grade)

Name: _____

Today is Monday, _____

| Time/Location/Teacher | Activity | Comments |
|--|---|------------|
| 8:00 Rm 53 | A.M. Procedures Morning Work | |
| 8:30 Rm 24 Mrs. Brown | Math | |
| 9:15 Rm 24 Miss Brinson | Language Arts | |
| 10:25-10:50 Rm 23 Mrs. Brown | Reading | |
| 10:50 Café | Lunch | |
| 11:25 Outside 4 th Grade Teachers/ Mrs. Brown | Recess | |
| 12:00 Mrs. Brown | Media Center | |
| 1:00 Rm 24 Mrs. Brown | Work | |
| 1:40 Rm 53 Miss Brinson/Mrs. Green | Teacher Read Aloud, SSR End of Day Procedures | |
| | | Bus to JCC |

Restroom: _____




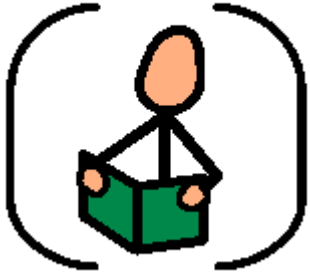




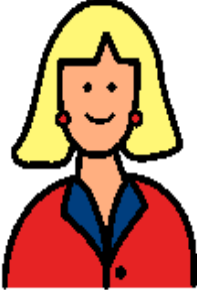



Today I also had: Speech OT PT

Comments: _____

The best thing about today was: _____

My day was a 5 4 3 2 1

Today is **Monday** _____

| | | | |
|---|---|--|--|
| AM Procedures  | Morning Meeting  | Math  | Language Arts  |
| Lunchtime  | Recess  | Library  | Work  |
| Teacher Read Aloud  | SSR Self Selected Reading  | PM Procedures PM  | Bus to JCC  |

Restroom: _____

The best thing about today was:

My day was a 5 4 3 2 1

| Day | Month | Date | Date Due | Test Day |
|---|-------------|------|----------|----------|
| Subject | Assignments | | | |
| <input type="checkbox"/> <input type="checkbox"/> Reading | | | | |
| <input type="checkbox"/> <input type="checkbox"/> English/ Language Arts | | | | |
| <input type="checkbox"/> <input type="checkbox"/> Spelling | | | | |
| <input type="checkbox"/> <input type="checkbox"/> Math | | | | |
| <input type="checkbox"/> <input type="checkbox"/> Science | | | | |
| <input type="checkbox"/> <input type="checkbox"/> Social Studies | | | | |
| <input type="checkbox"/> <input type="checkbox"/> | | | | |
| <input type="checkbox"/> <input type="checkbox"/> | | | | |

Things To Take Home

1. _____
2. _____
3. _____
4. _____
5. _____

Things To Bring To School

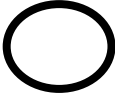
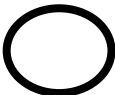

1. _____
2. _____

Messages

* Students are given green (great), Yellow (ok), or red (needs improvement) days.

Student _____

The week of _____

| | |
|-----------|---|
| Monday | <p>Today I was super at _____.</p> <p>I need to work on _____.</p> <p>Today I had a  day because _____.</p> <p>I had Music, PE, Art, Library, Adaptive PE, OT, Speech, PT.</p> |
| Tuesday | <p>Today I was super at _____.</p> <p>I need to work on _____.</p> <p>Today I had a  day because _____.</p> <p>I had Music, PE, Art, Library, Adaptive PE, OT, Speech, PT.</p> |
| Wednesday | <p>Today I was super at _____.</p> <p>I need to work on _____.</p> <p>Today I had a  day because _____.</p> <p>I had Music, PE, Art, Library, Adaptive PE, OT, Speech, PT.</p> |

Behavior Checklist

Student: _____


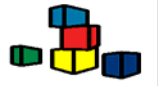



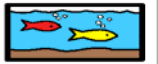






- * Record the date and time of the observed behavior.
Write the location or activity during which the behavior was observed. Write a checkmark in the correct column.

| Date & Time Observed | Location and/or Activity | Followed Directions | Kept Hands to Self | Did Work | Stayed in Seat |
|----------------------|--------------------------|---------------------|--------------------|----------|----------------|
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What I did at school today!

Name: _____

Date: _____

| | | |
|---|---------------------|---|
|  | Books | |
|  | Blocks | |
|  | Housekeeping | |
|  | Art | |
|  | Sensory | |
|  | Science | |
|  | Math | |
|  | Music | |
|  | Computer | |
| Other | | |
| Playground | Classroom | Gym |
| | | Gross Motor |
| My day was: | | |
|  | Good |  |
| | | Okay |
| | |  |
| | | Rough |



Date _____

What I Did at School Today

Morning Work _____ on own _____ with prompts

Calendar _____ on own _____ with prompts

Morning Groups _____ on own _____ with prompts
(check work in book bag)

Lunch _____ ate well _____ with prompts

Recess




Story Time and Quiet Time _____ quiet _____ nap _____

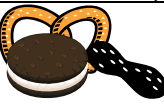


Afternoon Group _____ on own _____ with prompts
(check work in book bag)

Small Groups _____ on own _____ with prompts
(language, fine motor, social)

Centers _____ on own _____ with prompts

____ Art ____ Music ____ PE ____ Library ____ Speech ____ OT ____ PT

| | |
|---|---|
| Name: | Date: |
| During circle time we: <input type="checkbox"/> Listened to a story <input type="checkbox"/> Sang circle time songs <input type="checkbox"/> Worked on vocabulary/or a concept with Sally the Camel | Therapy: <input type="checkbox"/> Speech with Miss Evers <input type="checkbox"/> OT with Miss Amy <input type="checkbox"/> PT with Miss Mary Beth <input type="checkbox"/> VI with Miss Kelly |
|   <p>Today I had:</p> <p>White Chocolate Strawberry</p> |  <p>Bathroom:</p> <input type="checkbox"/> I went to the bathroom by myself. <input type="checkbox"/> I went through the motions and sat on potty. <input type="checkbox"/> My diaper/pull-up was dry/wet/BM. |
| Info: | |

| | |
|--|---|
| Name: | Date: |
| During circle time we: <input type="checkbox"/> Listened to a story <input type="checkbox"/> Sang circle time songs <input type="checkbox"/> Worked on vocabulary/or a concept with Sally the Camel | Therapy: <input type="checkbox"/> Speech with Miss Evers <input type="checkbox"/> OT with Miss Amy <input type="checkbox"/> PT with Miss Mary Beth <input type="checkbox"/> VI with Miss Kelly |
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| Info: | |