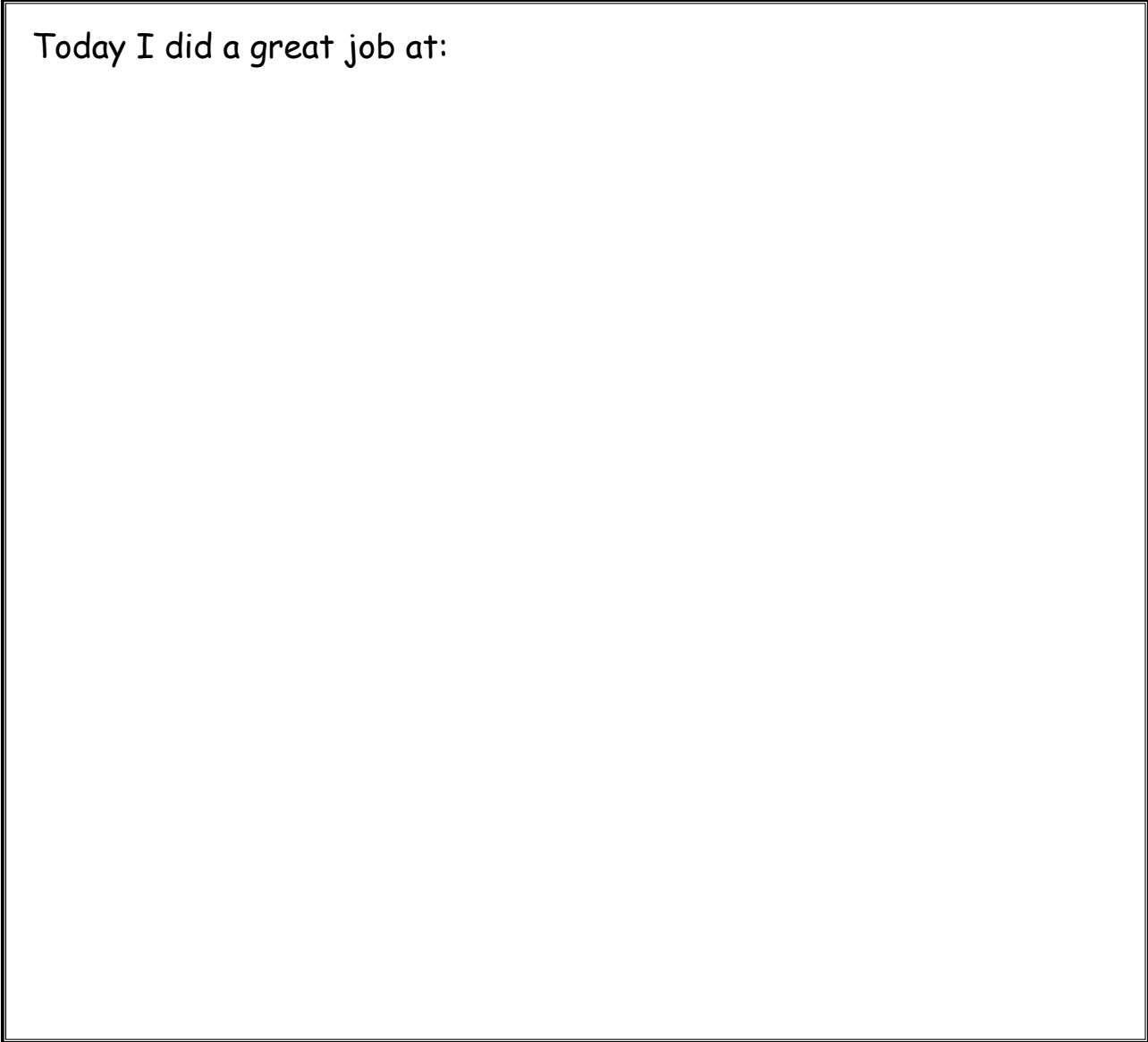


# Daily Report

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

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

Today I did a great job at:

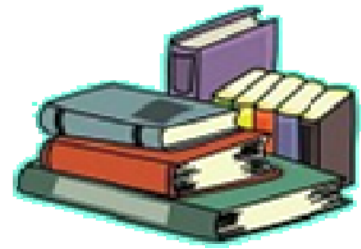


I may need some help with: \_\_\_\_\_  
\_\_\_\_\_

Other comments:



# Friday Folder



Date:

Teacher comments:

Parent comments:

Date:

Teacher comments:

Parent comments:

Date:

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 Correctly in Chair	Followed Directions	* Listened with "5" While Others Spoke	Participated	Earned Bonus Points	Parent Initials
<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:						
<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:**

Spelling \_\_\_\_\_

Reading \_\_\_\_\_

Math \_\_\_\_\_

Science \_\_\_\_\_

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

English \_\_\_\_\_

Other \_\_\_\_\_

**Behavior:**

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

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

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

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

**Comments:**

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.

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



# 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: \_\_\_\_\_

\_\_\_\_\_

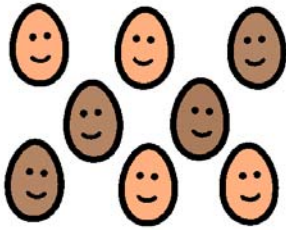
\_\_\_\_\_

<http://specialed.about.com>



# Today at School

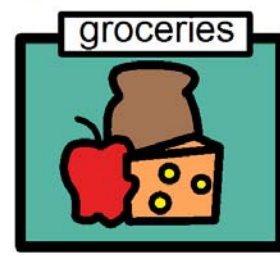
circle time



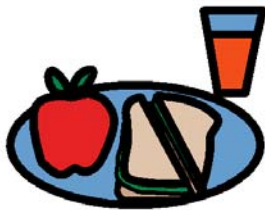
calendar



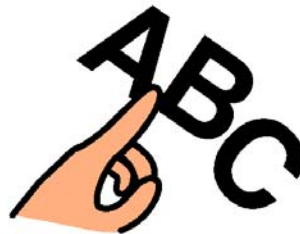
grocery store



lunch



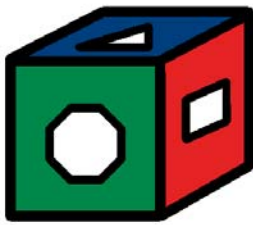
spelling



counting



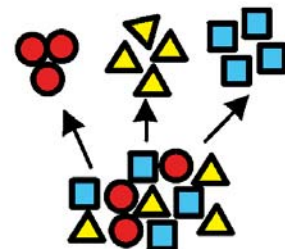
shape sorter



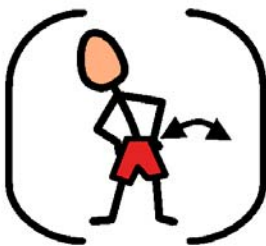
science



sort



gym class



special activity



cooking



# Travel Card

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

Date	
------	--

<b>Key</b>	<b>+ = Yes</b>	<b>0 = No</b>	<b>NA = Not Applicable</b>
------------	----------------	---------------	----------------------------

	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?	
--------------	--	--	----------------------	--

Total	+	0
-------	---	---

Teacher Comments/Suggestions/Announcements: