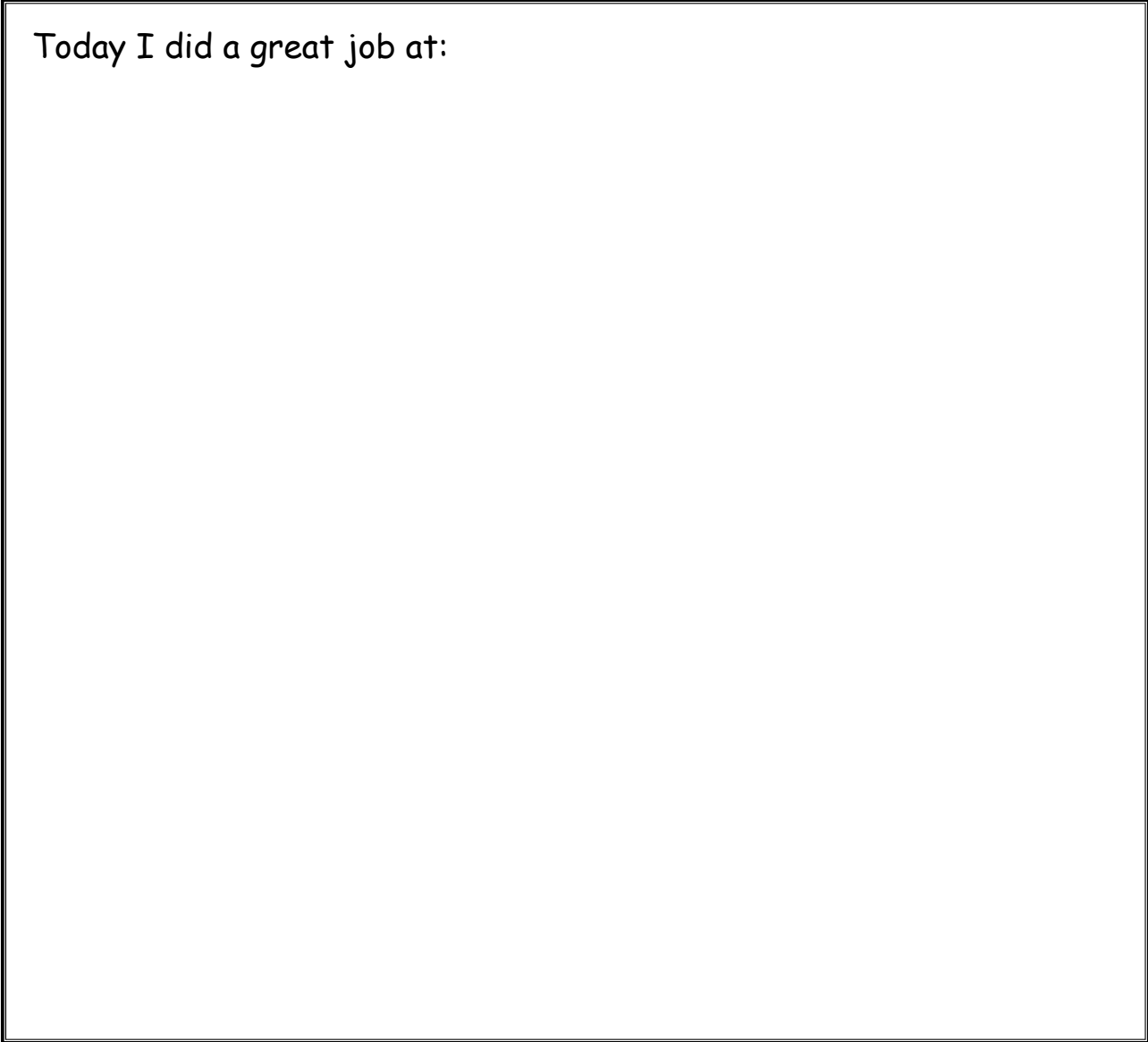


Daily Report

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
Monday						
A.M.						
P.M.						
Specials						
Total Points						
Comments:						
Tuesday						
A.M.						
P.M.						
Specials						
Total Points						
Comments:						
Wednesday						
A.M.						
P.M.						
Specials						
Total Points						
Comments:						
Thursday						
A.M.						
P.M.						
Specials						
Total Points						
Comments:						
Friday						
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: _____

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

My color for today was:

GREEN	Reason:
YELLOW	Reason:
RED	Reason:

Positive Points: _____

Homework: _____






SIGN & RETURN _____

Comments:

Homework Check List

Week: _____

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

Math 	Reading 
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"/>
Science 	Writing 
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"/>
Social Studies 	Other
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.		

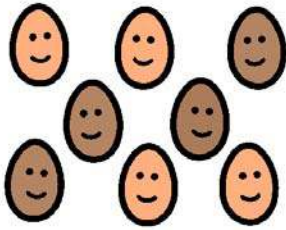
Totals for the Day: _____

Student Comments: _____

<http://specialed.about.com>

Today at School

circle time



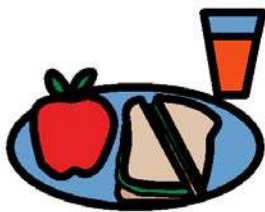
calendar



grocery store



lunch



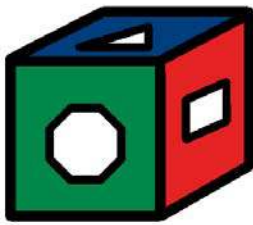
spelling



counting



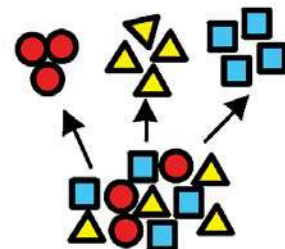
shape sorter



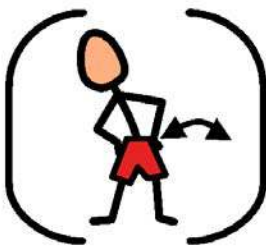
science



sort



gym class



special activity



cooking



Travel Card

Student Name: _____

Date	
------	--

Key	+ = Yes	0 = No	NA = Not Applicable
------------	----------------	---------------	----------------------------

	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:

STUDENT COMM LOG

What I Worked on Today

BE-Beginning (I need practice) AP-Approaching (I could use practice) ME-Meeting (I can do it!) EX-Exceeding (I am a Master!)

--

BE	AP	ME	EX
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

--

BE	AP	ME	EX
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

--

BE	AP	ME	EX
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

--

BE	AP	ME	EX
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

--

BE	AP	ME	EX
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

--

BE	AP	ME	EX
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

--

BE	AP	ME	EX
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

--

BE	AP	ME	EX
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

--

BE	AP	ME	EX
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

--

BE	AP	ME	EX
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 _____

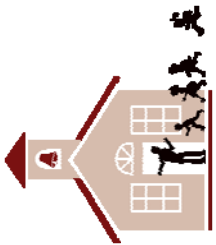
Library/Tech: 1 2 3 4 5 _____

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

Pull-ups

Wipes

Kleenex



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: _____




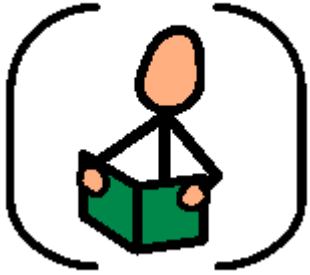




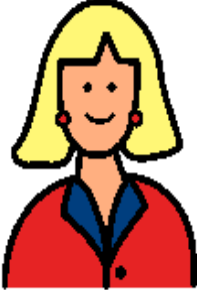



Today I also had: Speech OT PT

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

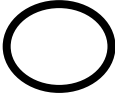
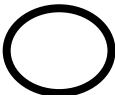

1. _____
2. _____

Messages

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

Student _____


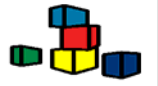



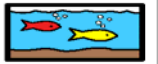






The week of _____

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>

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 ___

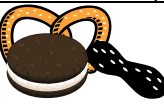


Afternoon Group ___ on own ___ with prompts
(check work in book bag)

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
  <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:	