

What I did at School

Student's Name: _____ Date: _____

Group Work <input type="checkbox"/> We worked on _____ <input type="checkbox"/> I raised my hand for a turn <input type="checkbox"/> I requested materials <input type="checkbox"/> I waited for teacher to call me <input type="checkbox"/> I sat quietly when not my turn <input type="checkbox"/> I worked with a friend	Work Time <input type="checkbox"/> I practiced _____ <input type="checkbox"/> I practiced _____ <input type="checkbox"/> I practiced _____ <input type="checkbox"/> I practiced _____ <input type="checkbox"/> I was on task	Independent Work <input type="checkbox"/> I worked independently <input type="checkbox"/> I needed many prompts <input type="checkbox"/> I needed a few prompts <input type="checkbox"/> I finished all of my tasks <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	Transitions <input type="checkbox"/> I used my schedule: <input type="checkbox"/> Independently <input type="checkbox"/> With gestures <input type="checkbox"/> With verbal reminders <input type="checkbox"/> Challenging behaviors? <input type="checkbox"/> Other _____
Meal Times <input type="checkbox"/> I used my utensils <input type="checkbox"/> I ate all of my lunch <input type="checkbox"/> I ate half of my lunch <input type="checkbox"/> I ate none of my lunch <input type="checkbox"/> I really enjoyed eating _____	Behavior <input type="checkbox"/> I had a great day <input type="checkbox"/> I was anxious today <input type="checkbox"/> I had a so-so day <input type="checkbox"/> I had a rough day <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	Socialization <input type="checkbox"/> I worked with a friend <input type="checkbox"/> I played with a friend <input type="checkbox"/> I initiated a conversation <input type="checkbox"/> I engaged in a conversation <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	Communication <input type="checkbox"/> I protested/refused <input type="checkbox"/> I organized/transitioned <input type="checkbox"/> I requested <input type="checkbox"/> I made directives <input type="checkbox"/> I commented <input type="checkbox"/> I questioned
Today I had... <input type="checkbox"/> Speech <input type="checkbox"/> Language Arts <input type="checkbox"/> OT <input type="checkbox"/> Reading <input type="checkbox"/> PT <input type="checkbox"/> Social Studies <input type="checkbox"/> Art <input type="checkbox"/> Math <input type="checkbox"/> Music <input type="checkbox"/> Science <input type="checkbox"/> PE <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	Snack <input type="checkbox"/> I ate _____ <input type="checkbox"/> I raised my hand <input type="checkbox"/> I waited to be called on <input type="checkbox"/> I requested what I wanted <input type="checkbox"/> I sat through all of snack <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	I need to bring... <input type="checkbox"/> Medication <input type="checkbox"/> Change of clothes <input type="checkbox"/> Signed form <input type="checkbox"/> Field trip form/money <input type="checkbox"/> My homework <input type="checkbox"/> Show and tell item <input type="checkbox"/> Other _____	Additional Information <input type="checkbox"/> Very anxious today <input type="checkbox"/> Very calm today <input type="checkbox"/> Went to special activity <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____

Comments...

Teacher's Signature: