

Teacher Weekly Behavior Report Card

Student: _____ Date: _____

Teacher: _____ Classroom: _____

Directions: Please rate the student each day on the behavioral items below:

Student Behavioral Goals	Mon	Tues	Wed	Thurs	Fri
<p>The student was motivated to work on class assignments/projects.</p> <div style="text-align: center; margin: 10px 0;"> </div> <div style="text-align: center; margin: 5px 0;"> 1 2 3 4 5 6 7 8 9 </div> <p style="text-align: center; margin: 0;">Never/Seldom Sometimes Usually/Always</p>					
<p>The student took care with school assignments, avoiding careless errors.</p> <div style="text-align: center; margin: 10px 0;"> </div> <div style="text-align: center; margin: 5px 0;"> 1 2 3 4 5 6 7 8 9 </div> <p style="text-align: center; margin: 0;">Never/Seldom Sometimes Usually/Always</p>					
<p>The student completed assigned classwork and homework.</p> <div style="text-align: center; margin: 10px 0;"> </div> <div style="text-align: center; margin: 5px 0;"> 1 2 3 4 5 6 7 8 9 </div> <p style="text-align: center; margin: 0;">None/Very Little Some Most/All</p>					
<p>The student was prepared for class, with all necessary school materials (e.g., books, pencils, papers).</p> <div style="text-align: center; margin: 10px 0;"> </div> <div style="text-align: center; margin: 5px 0;"> 1 2 3 4 5 6 7 8 9 </div> <p style="text-align: center; margin: 0;">Never/Seldom Sometimes Usually/Always</p>					

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The student was motivated to work on class assignments/projects.

1 2 3 | 4 5 6 | 7 8 9
Never/Seldom Sometimes Usually/Always

The student took care with school assignments, avoiding careless errors.

1 2 3 | 4 5 6 | 7 8 9
Never/Seldom Sometimes Usually/Always

The student completed assigned classwork and homework.

1 2 3 | 4 5 6 | 7 8 9
None/Very Little Some Most/All

The student was prepared for class, with all necessary school materials (e.g., books, pencils, papers).

1 2 3 | 4 5 6 | 7 8 9
Never/Seldom Sometimes Usually/Always

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The student was motivated to work on class assignments/projects. <div style="text-align: center;"> 1 2 3 4 5 6 7 8 9 Never/Seldom Sometimes Usually/Always </div>					
The student took care with school assignments, avoiding careless errors. <div style="text-align: center;"> 1 2 3 4 5 6 7 8 9 Never/Seldom Sometimes Usually/Always </div>					
The student completed assigned classwork and homework. <div style="text-align: center;"> 1 2 3 4 5 6 7 8 9 None/Very Little Some Most/All </div>					
The student was prepared for class, with all necessary school materials (e.g., books, pencils, papers). <div style="text-align: center;"> 1 2 3 4 5 6 7 8 9 Never/Seldom Sometimes Usually/Always </div>					

Behavior Rating Report Card Monitoring Chart for _____

Week of: _____ Week of: _____ Week of: _____ Week of: _____

Goal 1: The student was motivated to work on class assignments/projects.

Usually/Always	9	<input type="checkbox"/>	9	<input type="checkbox"/>	Usually/Always																		
	8	<input type="checkbox"/>	8	<input type="checkbox"/>																			
	7	<input type="checkbox"/>	7	<input type="checkbox"/>																			
Sometimes	6	<input type="checkbox"/>	6	<input type="checkbox"/>	Sometimes																		
	5	<input type="checkbox"/>	5	<input type="checkbox"/>																			
	4	<input type="checkbox"/>	4	<input type="checkbox"/>																			
Never/Seldom	3	<input type="checkbox"/>	3	<input type="checkbox"/>	Never/Seldom																		
	2	<input type="checkbox"/>	2	<input type="checkbox"/>																			
	1	<input type="checkbox"/>	1	<input type="checkbox"/>																			
		M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F		

Goal 2: The student took care with school assignments, avoiding careless errors.

Usually/Always	9	<input type="checkbox"/>	9	<input type="checkbox"/>	Usually/Always																		
	8	<input type="checkbox"/>	8	<input type="checkbox"/>																			
	7	<input type="checkbox"/>	7	<input type="checkbox"/>																			
Sometimes	6	<input type="checkbox"/>	6	<input type="checkbox"/>	Sometimes																		
	5	<input type="checkbox"/>	5	<input type="checkbox"/>																			
	4	<input type="checkbox"/>	4	<input type="checkbox"/>																			
Never/Seldom	3	<input type="checkbox"/>	3	<input type="checkbox"/>	Never/Seldom																		
	2	<input type="checkbox"/>	2	<input type="checkbox"/>																			
	1	<input type="checkbox"/>	1	<input type="checkbox"/>																			
		M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F		

Goal 3: The student completed assigned classwork and homework.

Most/All	9	<input type="checkbox"/>	9	<input type="checkbox"/>	Most/All																		
	8	<input type="checkbox"/>	8	<input type="checkbox"/>																			
	7	<input type="checkbox"/>	7	<input type="checkbox"/>																			
Some	6	<input type="checkbox"/>	6	<input type="checkbox"/>	Some																		
	5	<input type="checkbox"/>	5	<input type="checkbox"/>																			
	4	<input type="checkbox"/>	4	<input type="checkbox"/>																			
None/Very Little	3	<input type="checkbox"/>	3	<input type="checkbox"/>	None/Very Little																		
	2	<input type="checkbox"/>	2	<input type="checkbox"/>																			
	1	<input type="checkbox"/>	1	<input type="checkbox"/>																			
		M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F		

Goal 4: The student was prepared for class, with all necessary school materials (e.g., books, pencils, papers).

Usually/Always	9	<input type="checkbox"/>	9	<input type="checkbox"/>	Usually/Always																		
	8	<input type="checkbox"/>	8	<input type="checkbox"/>																			
	7	<input type="checkbox"/>	7	<input type="checkbox"/>																			
Sometimes	6	<input type="checkbox"/>	6	<input type="checkbox"/>	Sometimes																		
	5	<input type="checkbox"/>	5	<input type="checkbox"/>																			
	4	<input type="checkbox"/>	4	<input type="checkbox"/>																			
Never/Seldom	3	<input type="checkbox"/>	3	<input type="checkbox"/>	Never/Seldom																		
	2	<input type="checkbox"/>	2	<input type="checkbox"/>																			
	1	<input type="checkbox"/>	1	<input type="checkbox"/>																			
		M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F		

Student Daily Behavior Report Card

Student: _____ Date: _____

Teacher: _____ Classroom: _____

Directions: Please rate the student each day on the behavioral items below:

I worked hard and did my best on all class assignments/projects.



1



2



3

Never/Seldom

Sometimes

Usually/Always

I worked carefully on school assignments, avoiding careless errors.



1



2



3

Never/Seldom

Sometimes

Usually/Always

I finished and turned in all my classwork and homework assignments.



1



2



3

None/Very Little

Some

Most/All

I was prepared for class, with all necessary materials (e.g., books, paper).



1



2



3

Never/Seldom

Sometimes

Usually/Always

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<p>I worked hard and did my best on all class assignments/projects.</p> <div style="text-align: center; margin: 10px 0;">    </div> <div style="text-align: center; margin: 5px 0;"> 1 2 3 </div> <p style="text-align: center; margin: 0;">Never/Seldom Sometimes Usually/Always</p>					
<p>I felt relaxed in the classroom, and was not anxious or nervous about school.</p> <div style="text-align: center; margin: 10px 0;">    </div> <div style="text-align: center; margin: 5px 0;"> 1 2 3 </div> <p style="text-align: center; margin: 0;">Never/Seldom Sometimes Usually/Always</p>					
<p>I finished and turned in all my classwork and homework assignments.</p> <div style="text-align: center; margin: 10px 0;">    </div> <div style="text-align: center; margin: 5px 0;"> 1 2 3 </div> <p style="text-align: center; margin: 0;">None/Very Little Some Most/All</p>					
<p>I was prepared for class, with all necessary materials (e.g., books,paper).</p> <div style="text-align: center; margin: 10px 0;">    </div> <div style="text-align: center; margin: 5px 0;"> 1 2 3 </div> <p style="text-align: center; margin: 0;">Never/Seldom Sometimes Usually/Always</p>					

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Directions: Please rate the student each day on the behavioral items below:

I worked hard and did my best on all class assignments/projects.

1	2	3	4	5	6	7	8	9
Never/Seldom			Sometimes			Usually/Always		

I felt relaxed in the classroom, and was not anxious or nervous about school.

1	2	3	4	5	6	7	8	9
Never/Seldom			Sometimes			Usually/Always		

I finished and turned in all my classwork and homework assignments.

1	2	3	4	5	6	7	8	9
None/Very Little			Some			Most/All		

I was prepared for class, with all necessary materials (e.g., books, paper).

1	2	3	4	5	6	7	8	9
Never/Seldom			Sometimes			Usually/Always		

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Program Item List

Student: _____
Page: _____ of _____

Program: _____

Mastery Criterion: _____

	Items / Sets	Date Introduced	Date Mastered
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			

Data Sheet A

Student: _____
Page: _____ of _____

Program _____

S ^D	Response	Reinforcers	Materials

Prompt Key	V	PV	M	PM	P	PP
	Full Verbal	Partial Verbal	Model	Partial Model	Full Physical	Partial Physical

Mark each trial with: + (correct, unprompted), - (incorrect), NR (no response), or one of the prompt codes from above.

Date:	Time:					Initials:					Percent correct:					%				
Trial	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
+/-/NR/Prompt																				

Date:	Time:					Initials:					Percent correct:					%				
Trial	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
+/-/NR/Prompt																				

Date:	Time:					Initials:					Percent correct:					%				
Trial	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
+/-/NR/Prompt																				

Date:	Time:					Initials:					Percent correct:					%				
Trial	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
+/-/NR/Prompt																				

Date:	Time:					Initials:					Percent correct:					%				
Trial	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
+/-/NR/Prompt																				

Date:	Time:					Initials:					Percent correct:					%				
Trial	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
+/-/NR/Prompt																				

Date:	Time:					Initials:					Percent correct:					%				
Trial	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
+/-/NR/Prompt																				

Date:	Time:					Initials:					Percent correct:					%				
Trial	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
+/-/NR/Prompt																				

Date:	Time:					Initials:					Percent correct:					%				
Trial	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
+/-/NR/Prompt																				

Date:	Time:					Initials:					Percent correct:					%				
Trial	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
+/-/NR/Prompt																				

Date:	Time:					Initials:					Percent correct:					%				
Trial	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
+/-/NR/Prompt																				

Date:	Time:					Initials:					Percent correct:					%				
Trial	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
+/-/NR/Prompt																				

Data Sheet B

Student: _____
Page: _____ of _____

Program _____

S ⁰					Response					Reinforcers					Materials				

Prompt Key	V		PV		M	PM		P	PP	
	Full Verbal		Partial Verbal		Model	Partial Model		Full Physical	Partial Physical	

Mark each response with: + (correct, unprompted), - (incorrect), NR (no response), or P (prompt).
If a prompt is delivered, record the appropriate prompt code from above in the field marked "Prompt".

Date:	Time:					Initials:					Percent correct:					%				
Trial	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Response	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Prompt	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR

Date:	Time:					Initials:					Percent correct:					%				
Trial	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Response	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Prompt	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR

Date:	Time:					Initials:					Percent correct:					%				
Trial	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Response	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Prompt	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR

Date:	Time:					Initials:					Percent correct:					%				
Trial	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Response	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Prompt	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR

Date:	Time:					Initials:					Percent correct:					%				
Trial	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Response	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Prompt	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR

Date:	Time:					Initials:					Percent correct:					%				
Trial	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Response	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Prompt	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR

Date:	Time:					Initials:					Percent correct:					%				
Trial	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Response	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Prompt	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR

IEP Objective Data '99-'00

Student Name _____

IEP Due _____

Month _____

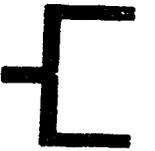
Objective	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
1																														
2																														
3																														
4																														
5																														
6																														
7																														
8																														
9																														
10																														
11																														
12																														
13																														

Notes

Key: FA Full Assistance
SA Some Assistance

VS Visual Prompt
VB Verbal Prompt

I Indepen
A Attempt
R Refused to Att



It's Up to Me!



My Goal:

If I complete

assignments, I can:

have time with

Monday

--	--	--	--	--

Tuesday

--	--	--	--	--

Wednesday

--	--	--	--	--

Thursday

--	--	--	--	--

Friday

--	--	--	--	--

Short-term Speech Articulation Remediation Services

Student: _____

Grade: _____

Teacher: _____

Referred by: _____

Start Date: _____

End Date: _____

Support Services: (# per wk/minutes per session) 1 times/ week @ 30 min.

Anticipated Duration: weeks

Practice will incorporate a home program to include parental guidance/ participation.

Acknowledged at SAT on _____ **By** _____

Please sign and return to Peggy Romeo at DMS by _____

___ I understand that my child, _____, will receive short-term speech remediation service.

___ I would like to schedule a meeting to discuss this further.

Please call me at: _____

Parent Signature _____