Daily Behavior Log Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Directions: 1st period teacher should review expectations and set goal with student at beginning of day then date/sign Check In section. Student presents behavior log to teacher at beginning of each class. Teachers complete ratings for each behavior then initial in box above ratings/below period. Each behavior is allowed one redirection per class period before receiving No rating. All No Ratings should receive comments below. Return behavior log to student to be presented to next teacher. Last period teacher should compare ratings to goal, review with student then date/sign Check Out section. Copy kept at school and original sent home for parent signature.

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| --- | --- | --- | --- | --- | --- | --- |
| Start Date \_\_\_\_\_\_\_\_\_\_\_\_\_ | 1st Period | 2nd Period | 3rd Period | 4th Period | 5th Period | 6th Period |
|  |  | Den Time |  |  |  |  |
| Stay in SeatFollow DirectionsKeep hands to selfRefrain from extraneous talkingActively engage with assignmentComplete AssignmentsAccept Ratings | □Yes □No | □Yes □No | □Yes □No | □Yes □No | □Yes □No | □Yes □No |
| □Yes □No | □Yes □No | □Yes □No | □Yes □No | □Yes □No | □Yes □No |
| □Yes □No | □Yes □No | □Yes □No | □Yes □No | □Yes □No | □Yes □No |
| □Yes □No | □Yes □No | □Yes □No | □Yes □No | □Yes □No | □Yes □No |
| □Yes □No | □Yes □No | □Yes □No | □Yes □No | □Yes □No | □Yes □No |
| □Yes □No | □Yes □No | □Yes □No | □Yes □No | □Yes □No | □Yes □No |
| □Yes □No | □Yes □No | □Yes □No | □Yes □No | □Yes □No | □Yes □No |

1st Period Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2nd Period Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3rd Period Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4th Period Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5th Period Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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6th Period Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Check In: Date \_\_\_\_\_\_\_\_\_\_\_ Staff Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check Out: Date \_\_\_\_\_\_\_\_\_\_\_ Staff Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_