

Daily Evaluation Sheet

Name: _____
 Level: _____
 Date: _____
 Target Behavior: _____

	Task Completion	Adult Interaction	Peer Interaction	Follow Directions	Honesty/Ownership	Target Behavior
1st 8:25 - 9:15						
2nd 9:15 - 10:00						
3rd 10:00 - 10:55						
4th 10:55 - 11:40						
Lunch 11:40 - 12:10						
5th 12:10 - 1:00						
6th 1:00 - 1:45						
7th 1:45 - 2:30						
Homeroom 2:30 - 2:40						

Transportation

Adult	Peer	Directions	Adult	Peer	Directions				

/60

Sheldon Pines Schools Comments

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

Parent Signature _____