BEHAVIOR PROGRESS CHECKLIST

Daily Classroom Performance Tracking

Student Name: _____
Date: ___/___/___
Week: _____

TARGET BEHAVIOR	MORNING SESSION	AFTERNOON SESSION	DAILY GOAL MET
Follows directions promptly			[ ] Yes [ ] No
Remains on task during independent work			[ ] Yes [ ] No
Interacts positively with peers			[ ] Yes [ ] No
Respects classroom materials			[ ] Yes [ ] No
Transition behavior between activities			[ ] Yes [ ] No

Teacher Observations & Specific Wins:

Teacher Signature: _____
Parent Signature: _____