

STUDENT BEHAVIOR PROGRESS CHART

Academic Year: 2024-2025

Student Name: _____

Teacher: _____

Week Of: _____

DATE / TIME	FOCUS / GOAL	RATING (1-4)	OBSERVATIONS & NOTES
Monday		1	
		2	
		3	
		4	
Tuesday		1	
		2	
		3	
		4	
Wednesday		1	
		2	
		3	
		4	

DATE / TIME	FOCUS / GOAL	RATING (1-4)	OBSERVATIONS & NOTES
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Thursday

1

2

3

4

Friday

1

2

3

4

1: Needs Improvement

2: Developing

3: Consistent

4: Exceptional

Weekly Summary:

Teacher Signature: _____

Parent Signature: _____

Date: _____