

STUDENT BEHAVIOR TRACKING

Week of: _____

Student: _____

ID#: _____

Teacher: _____

TARGET BEHAVIOR/GOAL	MON	TUE	WED	THU	FRI
Follows instructions immediately					
Remains in assigned seat					
Interacts positively with peers					
Completes tasks on time					

Rating Key: 3 = Exceptional | 2 = Met Expectations | 1 = Needs Improvement

Weekly Summary & Observations
Parent/Guardian Comments

Teacher Signature: _____

Parent Signature: _____

Date: _____