

## Daily Report Card

Student's name: \_\_\_\_\_

Date: \_\_\_\_\_

Monitor Behavior? Please rate the behaviors checked **Yes** to monitoring:

<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Work Completion</b>	1 <i>No work complete</i>	2 <i>Little work complete</i>	3 <i>Some work complete</i>	4 <i>Almost all work complete</i>	5 <i>All work complete</i>	N/A
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Accurate work</b>	1 <i>Inaccurate work</i>	2 <i>Little work accurate</i>	3 <i>Some accurate work</i>	4 <i>Almost all work accurate</i>	5 <i>Very accurate work</i>	N/A
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Class Participation</b>	1 <i>No participation</i>	2 <i>Little class participation</i>	3 <i>Some class participation</i>	4 <i>Mostly participated in class</i>	5 <i>Participated fully in class</i>	N/A
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Following Class Rules</b>	1 <i>Extremely disobedient of rules</i>	2 <i>Little compliance with rules</i>	3 <i>Somewhat compliant</i>	4 <i>Mostly compliant with rules</i>	5 <i>Fully compliant with rules</i>	N/A
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Attention</b>	1 <i>Very inattentive</i>	2 <i>Little attentiveness</i>	3 <i>Some attentiveness</i>	4 <i>Mostly attentive</i>	5 <i>Very attentive</i>	N/A
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Social Interaction</b>	1 <i>Extremely ostracized</i>	2 <i>Some ostracism</i>	3 <i>Neither ostracized nor included</i>	4 <i>Some inclusion by peers</i>	5 <i>Full inclusion by peers</i>	N/A
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Lethargy</b>	1 <i>Extremely lethargic</i>	2 <i>Mostly lethargic</i>	3 <i>Some lethargy</i>	4 <i>Little lethargy</i>	5 <i>Activity level normal for age</i>	N/A
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Somatic Complaints</b>	1 <i>Extreme somatic complaints</i>	2 <i>Many somatic complaints</i>	3 <i>Some somatic complaints</i>	4 <i>Few somatic complaints</i>	5 <i>No somatic complaints</i>	N/A

Health problems seen today (list):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Home work to be completed tonight (list):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Comments/Notes (optional):

Please indicate method sent home to parents:

*Physical copy sent with student*    *Electronic copy sent via email*    *Physical copy mailed home*    *Other (Specify):* \_\_\_\_\_

Teacher's signature: \_\_\_\_\_