

## Daily Report Card

Student's name: Abigail Zell

Date: 12/11/11

Monitor Behavior? Check (with "yes") the behaviors to be monitored:

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

Related health problems, if any, seen today (list):

1. Problems with attention
2. n/a
3. n/a

Home work, if any, to be completed tonight (list):

1. Math problems from Workbook pg. 19, problems 5-15
2. read for book report
3. n/a

Comments/Notes (optional):

n/a

Indicate how this was sent to parents (circle one):

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

Teacher's signature: Bonnie Barta