DAILY CHECK-IN/CHECK-OUT

Behavioral Expectations

Name: _____ **Date:** _____

Goal: _____

Strategies	Morning Check-in	Afternoon Check-in	End of Day Check-out
1.	0 1 2	0 1 2	0 1 2
2.	0 1 2	0 1 2	0 1 2
3.	0 1 2	0 1 2	0 1 2
Total			
Teacher Initials			
Wow! Comments			

KEY
0 = Did Not Meet Expectations 1 = Partially Met Expectations 2 = Met Expectations

Daily Point Total: _____

Goal Met: YES or NO

Parent Signature: _____

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