
















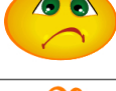


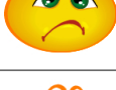


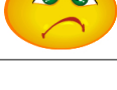


Self-Monitoring Form: on task behavior

Student Name _____ Date _____

Parent Signature (Please sign and return) _____

Good Choice	Not such a good choice	Sad Choice	Teaching Time	Teacher and/or Parent Comments
			7:50-8:30 Morning Routines/ Familiar Reading	
			8:30-9:00 Calendar Math/ Morning Meeting	
			9:00-9:30 Guided Reading	
			9:30-10:00 Phonics/ Journals	
			10:45-11:25 Lunch	
			11:45-12:30 Whole Group Math/Math Tubs	
			12:30-1:15 Specials	
			1:30-1:50 RECESS	