

Classroom Behavior Evaluation Individual

Name: _____

Date: _____

Teacher: _____

(5=Excellent, 4=Good, 3=Needed to be reminded, 2=Needs to work on, 1=Loss of WOW! time
0=Need to have a parent/teacher meeting)

	Mon	Tues	Wed	Thurs	Fri	Comments
In seat at bell						
Used inside voice						
Respectful to teacher & classmates						
No talking out of turn						
*Prepared for class with all materials						
*Followed directions						
*On task and using time appropriately						
*Holds pencil and crayons the proper way						
*Takes time to do best work and doesn't rush						
*Completed assigned work						
Teacher's initials:						
Parent's initials:						
Total points for the day:						

Total points for the week: _____