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Name \_\_\_\_\_ Date \_\_\_\_\_

Behavior	9:00	10:00	11:00	1:00	2:00
Stay in Seat/ place	  	  	  	  	  
Keep hands/feet to self	  	  	  	  	  
Follow Directions	  	  	  	  	  
Complete work	  	  	  	  	  
Overall	  	  	  	  	  
Notes					

parent signature: \_\_\_\_\_