

Name:

Date:

**Directions: Rate student on each behavioral goal.**

**2** = meeting the expectation with 1-2 prompts at most

**1** = met expectation with support and/or met expectations some of the period

**0** = was unable to meet expectation despite reminders and adult support

**Level of Independence KEY:**

**2** = no additional adult support above and beyond

**1** = some above and beyond support in the period but could be faded

**0** = above and beyond support all/most of the period).

	Safe body/Safe hands	Frequency	In assigned area (classroom/act ivity area)	Frequency	In assigned area (building)	Frequency	On task/following directions	Frequency	Level of Independence KEY:
<b>8:40-9:10</b>	0 1 2		0 1 2		0 1 2		0 1 2		0 1 2
<b>9:10-9:40</b>	0 1 2		0 1 2		0 1 2		0 1 2		0 1 2
<b>9:40-10:10</b>	0 1 2		0 1 2		0 1 2		0 1 2		0 1 2
<b>10:10-10:40</b>	0 1 2		0 1 2		0 1 2		0 1 2		0 1 2
<b>10:40-11:10</b>	0 1 2		0 1 2		0 1 2		0 1 2		0 1 2
<b>11:40-12:10</b>	0 1 2		0 1 2		0 1 2		0 1 2		0 1 2
<b>12:10-12:40</b>	0 1 2		0 1 2		0 1 2		0 1 2		0 1 2
<b>12:40-1:10</b>	0 1 2		0 1 2		0 1 2		0 1 2		0 1 2
<b>1:10-1:40</b>	0 1 2		0 1 2		0 1 2		0 1 2		0 1 2
<b>1:40-2:10</b>	0 1 2		0 1 2		0 1 2		0 1 2		0 1 2
<b>2:10-2:40</b>	0 1 2		0 1 2		0 1 2		0 1 2		0 1 2
<b>2:40-3:10</b>	0 1 2		0 1 2		0 1 2		0 1 2		0 1 2

Comments