CHECK IN CHECK OUT POINT SHEET

Points Possible _____
Points Received _____
%of Points _____
Goal Met _____

2 – Great Job! (0-1 redirections)
1 – So, so (2 redirections)
0 – Doesn't meet goal (3+ redirections)

Name:_____
Date: ____/_____/____

GOALS: (TI = teacher initials)

Target Behaviors	**MATH TI:**	**HUMANITIES TI:**	**ELA TI:**	**SCIENCE TI:**	**MAGnT TI:**	**FF/LUNCH TI:**
Respectful – Following Directions	**2 1 0**	**2 1 0**	**2 1 0**	**2 1 0**	**2 1 0**	**2 1 0**
Responsible – Being Prepared	**2 1 0**	**2 1 0**	**2 1 0**	**2 1 0**	**2 1 0**	**2 1 0**
Safe – Keeping Hands and Objects to Self	**2 1 0**	**2 1 0**	**2 1 0**	**2 1 0**	**2 1 0**	**2 1 0**

Advisor Signature:_____ **Parent Signature:**_____