

Ratings Sheet

Name: _____

Date: _____

Goals:

1. _____
2. _____
3. _____
4. _____

<u>Period</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Averages</u>
1 st						
2 nd						
3 rd						
4 th						
5 th						
6 th						
7 th						
8 th						
Averages						

General mood at school this week: happy sad irritable tired angry

Assignments completed this week: all most some none

Problem behaviors this week: no yes: describe: _____