

Daily School Checklist

20__ to 20__

Date: _____

Therapy

<input type="checkbox"/> OT/PT (Occupational/Physical Therapy)	<input type="checkbox"/> SLP (Speech and Language Pathology)
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Lunch

Today for lunch I fixed:		
<input type="checkbox"/> NOTE! Check Home Ec note in front of binder.		

Academics

<input type="checkbox"/> Money	<input type="checkbox"/> Time	<input type="checkbox"/> Sight Words	<input type="checkbox"/> Time Test
<input type="checkbox"/> Check Writing	<input type="checkbox"/> Calculator Skills	<input type="checkbox"/> Writing Practice	<input type="checkbox"/> E-Mail
<input type="checkbox"/> Filing	<input type="checkbox"/> Budgeting	<input type="checkbox"/> Personal Info	<input type="checkbox"/> Office Skills
<input type="checkbox"/> Home Ec	<input type="checkbox"/> Phone Skills	<input type="checkbox"/> PE	<input type="checkbox"/> Mavis Beacon
<input type="checkbox"/> Yellow/White Pgs	<input type="checkbox"/> Finding/Using Info	<input type="checkbox"/> Deposits/Transfers	<input type="checkbox"/> Job
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Time Card	<input type="checkbox"/> Bus Schedule	<input type="checkbox"/> Daily Planner
<input type="checkbox"/> Read 180	<input type="checkbox"/> Silent Reading	<input type="checkbox"/> General Ed	<input type="checkbox"/>

Community Based Training (CBT)

<input type="checkbox"/> Today we went on an outing to:		
I bought:		
<input type="checkbox"/> Groceries for Home Ec	<input type="checkbox"/> Something for the classroom	
<input type="checkbox"/> Lunch	<input type="checkbox"/> Other:	

*****NOTE: Anything purchased for the classroom comes out of our classroom budget*****

Behavior

<input type="checkbox"/> Great Day	<input type="checkbox"/> Pretty Good Day	<input type="checkbox"/> Challenging Day	<input type="checkbox"/> Rough Day
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Comments

Daily School Checklist

20__ to 20__

Date: _____

Positioning/Exercise

<input type="checkbox"/> Stander	<input type="checkbox"/> Wedge	<input type="checkbox"/> Bike Ride	
Time:	Time:	Time:	Laps:

Therapy

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Personal Needs

<input type="checkbox"/> Today I went to the bathroom ___ times.	I was successful and went: <input type="checkbox"/> #1 <input type="checkbox"/> #2
<input type="checkbox"/> Oops, I had an accident! Please send more clothes.	

Behavior

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Comments

Terapia

OT/PT (Occupational/Physical Therapy)	Patólogo del habla y del lenguaje
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Lunch

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Academics

Dinero	Hora	Palabras Visuales	Prueba de tiempo
Escritura de Cheques	Habilidades de la calculadora	Practica de la escritura	Correo Electrónico
Presentacion	Presupuesto	Información Personal	Habilidades de Oficina
Cosinar	Habilidades de teléfono	Educación fisica	
Páginas amarillas y blancas	Encontrar/Usar Información	Depósitos/Transferencias	Trabajo
Periódico	Tarjeta de Tiempo	Horario de Atobús	Agenda Diaria
Lee 180	Lectura en Silencia	Educacion en General	

Community Based Training (CBT)

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Lunch	Other:	

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Comportamiento

Gran Dia	Buen Dia	Dia Desafiante	Dia Dificil
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Comments
