



Respectful Accountable Motivated Safe

Check-in / Check-out

Name: _____ Date: _____

Be positive & specific with feedback. Score & initial at end of each period.

2 = Great Day!

1 = Acceptable

0 = Unacceptable

	1 st Per.	2 nd Per.	3 rd Per.	4 th Per.	Lunch	6 th Per.	7/8 th Per.	9/10 th Per.
Respect	2	2	2	2	2	2	2	2
~Appropriate language	1	1	1	1	1	1	1	1
~Follow directions & rules	0	0	0	0	0	0	0	0
Accountable	2	2	2	2	2	2	2	2
~Has work & materials	1	1	1	1	1	1	1	1
~Ask for help	0	0	0	0	0	0	0	0
Motivated	2	2	2	2	2	2	2	2
~Complete your work	1	1	1	1	1	1	1	1
~Come prepared	0	0	0	0	0	0	0	0
Safe	2	2	2	2	2	2	2	2
~Maintain personal space	1	1	1	1	1	1	1	1
~Stay in your seat	0	0	0	0	0	0	0	0
Teacher Initial:								
Daily Total:								

Positive Comments:

Return to Counselor at the end of 10th period