

Date:

OT Name:

Contact info:

Expectation	Student Name		Other/Comments
Completed Tasks		☺ NI	
Followed directions		☺ NI	
Stayed on task		☺ NI	
Showed respect		☺ NI	
Appropriate conflict resolution		☺ NI	
Positive participation		☺ NI	
Responsible		☺ NI	
Managed own behavior		☺ NI	
Listened well		☺ NI	
Helped out		☺ NI	

Any other important notes from the day (what worked/what didn't/day plan hits or misses/things you did that the kids really enjoyed!):
