

Name

Daily Data

Date:

| | Behaviors | | | |
|------------------------------------|--|-----------|-----------|----------|
| | 1. <u>emotional outburst</u> (crying, throwing himself to the ground, etc.) | | | |
| | 2. <u>not in control of his body</u> (bumping into people, falling, falling out of seat, tripping) | | | |
| | 3. | | | |
| Schedule | 1 | 2 | 3 | Comments |
| Unpack and get ready for the day | Yes No | Yes No | Yes No | |
| Guided ELA | Yes No | Yes No | Yes No | |
| Whole group ELA | Yes No | Yes No | Yes No | |
| Phonics | Yes No | Yes No | Yes No | |
| Recess | Yes No | Yes No | Yes No | |
| Specials (list which one) | Yes No | Yes No | Yes No | |
| Whole group Math | Yes No | Yes No | Yes No | |
| Guided Math | Yes No | Yes No | Yes No | |
| ELA/Writing/Social Studies/Science | Yes No | Yes No | Yes No | |
| Pack up and get ready to go home | Yes No | Yes No | Yes No | |

X = No opportunity for this during the time period