

# Behavior Education Program (BEP)

## Daily Progress Report

A- Day

B-Day

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Teachers: Please indicate YES (2), So-So (1), or No (0) regarding the student's achievement for the following goals:

Goals	1/5	2/6	3/7	HR	4/8
Be respectful	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0
Be responsible	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0
Keep Hand & Feet to Self	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0
Follow Directions	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0
Be There – Be Ready	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0
<b>TOTAL POINTS</b>					
<b>TEACHER INITIALS</b>					

BEP Daily Goal            /50

BEP Daily Score            /50

In training \_\_\_\_\_

BEP Member \_\_\_\_\_

\_\_\_\_\_  
Student signature

Teacher comments: Please state briefly any specific behaviors or achievements that demonstrate the student's progress. (If additional space is required, please attach a note and indicate so below)

Period 1/5 \_\_\_\_\_

Period 2/6 \_\_\_\_\_

Period 3/7 \_\_\_\_\_

Home Room \_\_\_\_\_

Period 4/8 \_\_\_\_\_

Parent/Caregiver Signature: \_\_\_\_\_

Parent/Caregiver Comments: \_\_\_\_\_

\_\_\_\_\_