

Student Name: Examples

Day/Date: _____

Current Supports and Interventions: _____

Time Blocks/minutes	Following Directions PROMPTED Y/N	Following Directions UNPROMPTED Y/N	Attempts to interact with peers. (Y/N)
Arrival/Breakfast	Yes No	Yes No	Yes No
Morning Meeting	Yes No	Yes No	Yes No
Music/Movement	Yes No	Yes No	Yes No
Read Aloud	Yes No	Yes No	Yes No
Center Time	Yes No	Yes No	Yes No
Clean-Up	Yes No	Yes No	Yes No
Gross Motor	Yes No	Yes No	Yes No
Lunch Time	Yes No	Yes No	Yes No
Quiet Time	Yes No	Yes No	Yes No
Whole Group	Yes No	Yes No	Yes No
Center Time	Yes No	Yes No	Yes No
Closing Circle/Dismissal	Yes No	Yes No	Yes No
	Notes:	Notes:	Notes: