

CHECK-IN CHECK-OUT (CICO)

Daily Report Form

NAME: _____ GRADE: _____ SCHOOL: _____ CHECKER: _____ DATE: _____

Teachers, please circle a "2" if the student has met each respective Behavior Goal, circle a "1" if the Behavior Goal is partially met, or a "0" if the student has not met the Behavior Goal. *If a score does not apply, please mark "n/a."* Then, initial in the box below.

SUBJECT/PERIOD: →											TOTAL POINTS	
BEHAVIOR GOALS ↓												
1.	2	1	0	2	1	0	2	1	0	2	1	0
2.	2	1	0	2	1	0	2	1	0	2	1	0
3.	2	1	0	2	1	0	2	1	0	2	1	0
4.	2	1	0	2	1	0	2	1	0	2	1	0
TEACHER INITIALS:												
TOTAL POINTS:												→

How many points *did* the student earn today? Enter that here:

Please keep comments *supportive* and *positive*.

What did the student do well today?

What can the student do better tomorrow?

Total Points Possible:

How many points *could* the student have earned this week?

What % of points did the student earn this week?

$$\frac{\text{student points earned}}{\text{total points possible}} = \frac{\text{percent of points earned}}{\text{earned}}$$

Student Signature

Parent/Guardian Signature

Incentive Box

Does this student's CICO plan involve a reward? _____

If so, what is the reward? _____

How often can the reward be earned? _____

Did the student receive the reward as planned? _____

CHECKER, please circle one at the end of the day:

I MET MY GOAL

YES NO

DAILY POINT GOAL

_____ %