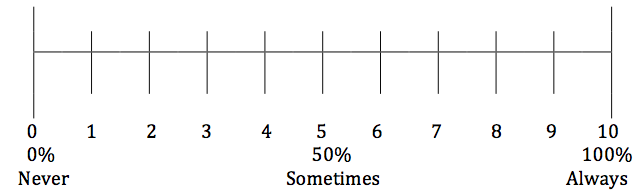
SBMS Check-in Check-Out (CICO) Daily Behavior Report Card

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­



Teachers, using the above scale, please mark a score that best reflects student performance on each target behavior during your class period and initial.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Behavior Goals**  **Period** | **Target Behavior 1:**  **Be Responsible**  Examples: Prepared for class, on time | **Target Behavior 2:**  **Be Respectful**  Examples: Acceptable behavior, appropriate communication | **Target Behavior 3:**  **Be Productive**  Examples: On-task, completed necessary work | **T.I.** |
| Period 1 |  |  |  |  |
| Period 2 |  |  |  |  |
| Period 3 |  |  |  |  |
| Period 4 |  |  |  |  |
| Period 5 |  |  |  |  |
| Period 6 |  |  |  |  |
| Period 7 |  |  |  |  |
| Advisory  (Fridays) |  |  |  |  |

**Incentive Box:**

|  |  |
| --- | --- |
| Points Earned: |  |
| Point Goal: |  |

**I Met My Goal**

**I Did Not Meet My Goal**

**Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_