

Checking In

Name: _____

Week: _____

Task: _____

Weekly goal(s): _____

Respond to the statements with one answer for *all* of your core classes (Math, Science, LA, SS).

	Monday	Tuesday	Wednesday	Thursday	Friday
I used my Planner	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Classwork was completed in class	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
I used my checklists	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Homework was completed and turned in	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
I accomplished my goals	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
I was attentive to my teachers	3 2 1	3 2 1	3 2 1	3 2 1	3 2 1
I participated in class	3 2 1	3 2 1	3 2 1	3 2 1	3 2 1

This week I am most proud of ...

An improvement I will make next week is ...

To be signed after the week ends and turned in on Monday.

Parent/Guardian: _____ Student: _____