

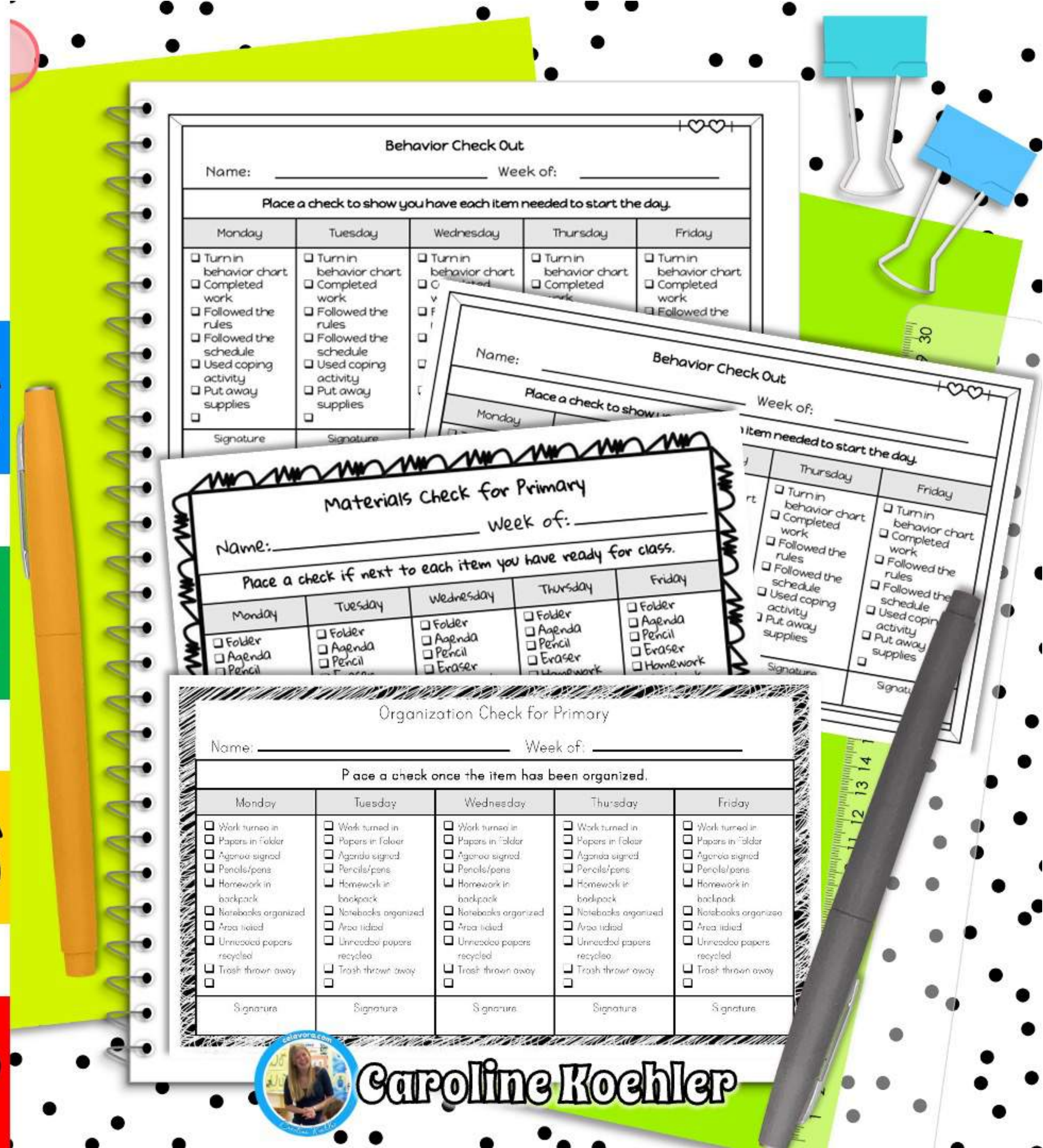
CHECK IN CHECK OUT

➤ EDITABLE TEMPLATES

➤ 17 DIFFERENT SHEETS

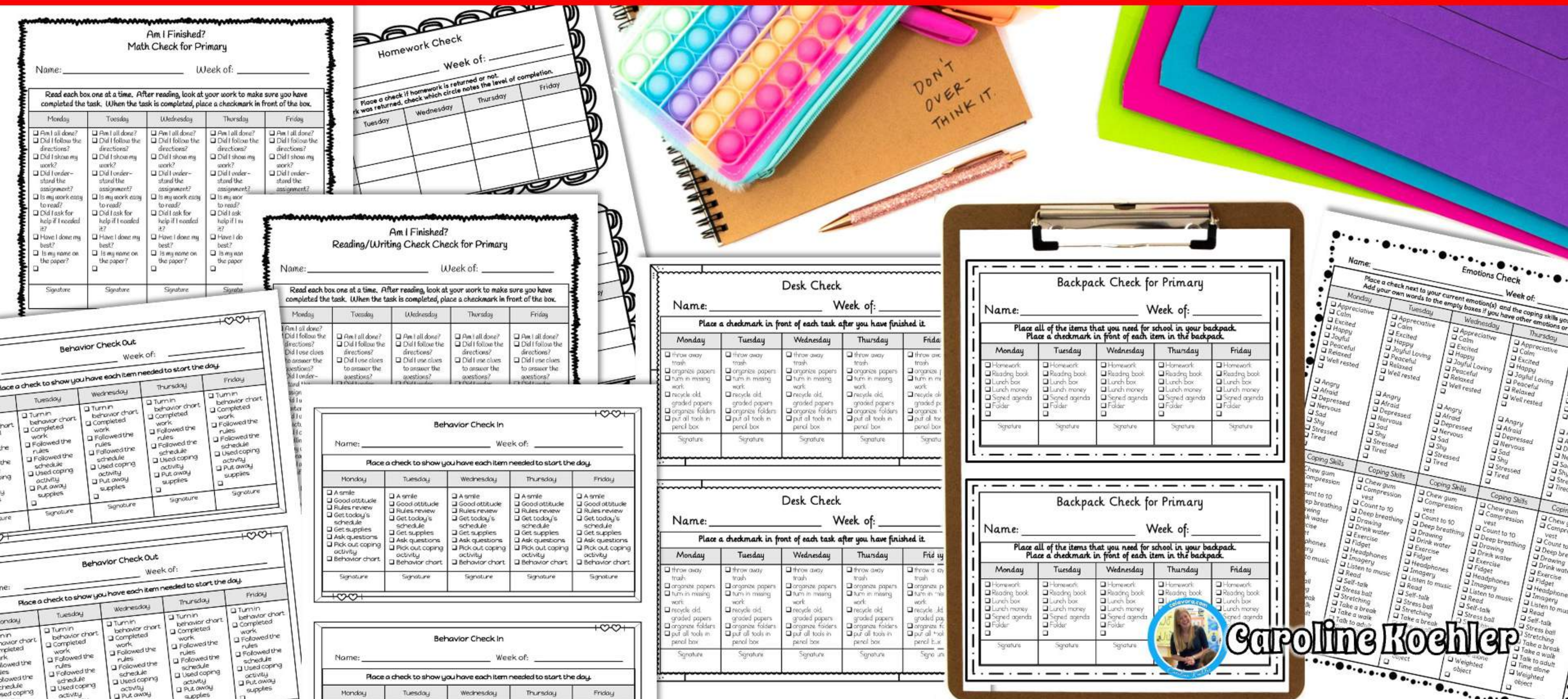
➤ MONITOR PROGRESS

➤ INTERVENTION HELP



Caroline Koehler

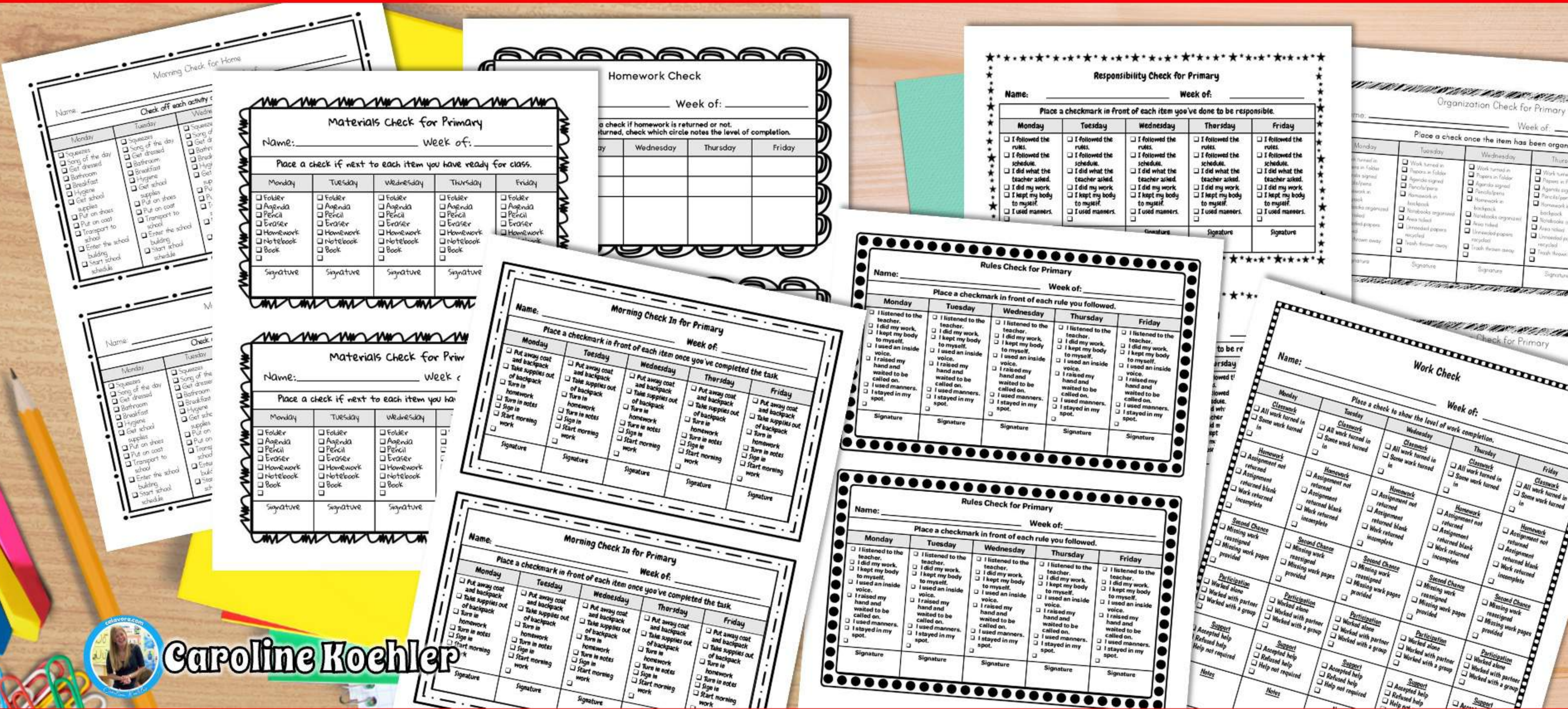
PRIMARY TEMPLATES



Caroline Koehler

WORK COMPLETION, BACKPACK, BEHAVIOR, DESK, EMOTIONS

PRIMARY TEMPLATES



Caroline Koehler

HOMework, MORNING, MATERIALS, RESPONSIBILITY, RULES, ORGANIZATION, WORK

SECONDARY TEMPLATES

Am I Finished? Reading/Writing Check for Secondary

Name: _____ Week of: _____

Read each box one at a time. After reading, look at your work to make sure you have completed the task. When the task is completed, place a checkmark in front of the box.

Monday	Tuesday	Wednesday	Thursday	Friday
☐ Did I follow the directions? ☐ Is all of the work finished? ☐ Did I check for clues in the text and other questions? ☐ Did I understand the assignment? ☐ Did I use complete sentences? ☐ Did I use punctuation? ☐ Did I check my spelling? ☐ Is my work easy to read? ☐ Did I give a short answer if only a small space was given? ☐ Did I give a long answer for questions that require an answer.	☐ Did I follow the directions? ☐ Is all of the work finished? ☐ Did I check for clues in the text and other questions? ☐ Did I understand the assignment? ☐ Did I use complete sentences? ☐ Did I use punctuation? ☐ Did I check my spelling? ☐ Is my work easy to read? ☐ Did I give a short answer if only a small space was given? ☐ Did I give a long answer for questions that require an answer.	☐ Did I follow the directions? ☐ Is all of the work finished? ☐ Did I check for clues in the text and other questions? ☐ Did I understand the assignment? ☐ Did I use complete sentences? ☐ Did I use punctuation? ☐ Did I check my spelling? ☐ Is my work easy to read? ☐ Did I give a short answer if only a small space was given? ☐ Did I give a long answer for questions that require an answer.	☐ Did I follow the directions? ☐ Is all of the work finished? ☐ Did I check for clues in the text and other questions? ☐ Did I understand the assignment? ☐ Did I use complete sentences? ☐ Did I use punctuation? ☐ Did I check my spelling? ☐ Is my work easy to read? ☐ Did I give a short answer if only a small space was given? ☐ Did I give a long answer for questions that require an answer.	☐ Did I follow the directions? ☐ Is all of the work finished? ☐ Did I check for clues in the text and other questions? ☐ Did I understand the assignment? ☐ Did I use complete sentences? ☐ Did I use punctuation? ☐ Did I check my spelling? ☐ Is my work easy to read? ☐ Did I give a short answer if only a small space was given? ☐ Did I give a long answer for questions that require an answer.

Behavior Check In

Name: _____ Week of: _____

Place a check to show you have each item needed to start the day.

Monday	Tuesday	Wednesday	Thursday	Friday
☐ A smile ☐ Good attitude ☐ Rules review ☐ Get today's schedule ☐ Get supplies ☐ Ask questions ☐ Pick out coping activity ☐ Behavior chart	☐ A smile ☐ Good attitude ☐ Rules review ☐ Get today's schedule ☐ Get supplies ☐ Ask questions ☐ Pick out coping activity ☐ Behavior chart	☐ A smile ☐ Good attitude ☐ Rules review ☐ Get today's schedule ☐ Get supplies ☐ Ask questions ☐ Pick out coping activity ☐ Behavior chart	☐ A smile ☐ Good attitude ☐ Rules review ☐ Get today's schedule ☐ Get supplies ☐ Ask questions ☐ Pick out coping activity ☐ Behavior chart	☐ A smile ☐ Good attitude ☐ Rules review ☐ Get today's schedule ☐ Get supplies ☐ Ask questions ☐ Pick out coping activity ☐ Behavior chart
Signature	Signature	Signature	Signature	Signature

Behavior Check Out

Name: _____ Week of: _____

Place a check to show you have each item needed to start the day.

Monday	Tuesday	Wednesday	Thursday
☐ Turn in behavior chart ☐ Completed work ☐ Followed the rules ☐ Followed the schedule ☐ Used coping activity ☐ Put away supplies	☐ Turn in behavior chart ☐ Completed work ☐ Followed the rules ☐ Followed the schedule ☐ Used coping activity ☐ Put away supplies	☐ Turn in behavior chart ☐ Completed work ☐ Followed the rules ☐ Followed the schedule ☐ Used coping activity ☐ Put away supplies	☐ Turn in behavior chart ☐ Completed work ☐ Followed the rules ☐ Followed the schedule ☐ Used coping activity ☐ Put away supplies
Signature	Signature	Signature	Signature

Backpack Check for Secondary

Name: _____ Week of: _____

Place all of the items that you need for school in your backpack. Place a checkmark in front of each item in the backpack.

Monday	Tuesday	Wednesday	Thursday	Friday
☐ Homework ☐ Reading book ☐ Lunch box ☐ Lunch money ☐ Folder ☐ Gym clothes	☐ Homework ☐ Reading book ☐ Lunch box ☐ Lunch money ☐ Folder ☐ Gym clothes	☐ Homework ☐ Reading book ☐ Lunch box ☐ Lunch money ☐ Folder ☐ Gym clothes	☐	☐
Signature	Signature	Signature		

Emotions Check

Name: _____ Week of: _____

Place a check next to your current emotion(s) and the coping skills you want to use. Add your own words to the empty boxes if you have other emotions or coping skills.

Monday	Tuesday	Wednesday	Thursday	Friday
☐ Appreciative ☐ Calm ☐ Excited ☐ Happy ☐ Joyful ☐ Peaceful ☐ Relaxed ☐ Well rested	☐ Appreciative ☐ Calm ☐ Excited ☐ Happy ☐ Joyful Loving ☐ Peaceful ☐ Relaxed ☐ Well rested	☐ Appreciative ☐ Calm ☐ Excited ☐ Happy ☐ Joyful Loving ☐ Peaceful ☐ Relaxed ☐ Well rested	☐ Appreciative ☐ Calm ☐ Excited ☐ Happy ☐ Joyful Loving ☐ Peaceful ☐ Relaxed ☐ Well rested	☐ Appreciative ☐ Calm ☐ Excited ☐ Happy ☐ Joyful Loving ☐ Peaceful ☐ Relaxed ☐ Well rested
☐ Angry ☐ Afraid ☐ Depressed ☐ Nervous ☐ Sad ☐ Shy ☐ Stressed ☐ Tired	☐ Angry ☐ Afraid ☐ Depressed ☐ Nervous ☐ Sad ☐ Shy ☐ Stressed ☐ Tired	☐ Angry ☐ Afraid ☐ Depressed ☐ Nervous ☐ Sad ☐ Shy ☐ Stressed ☐ Tired	☐ Angry ☐ Afraid ☐ Depressed ☐ Nervous ☐ Sad ☐ Shy ☐ Stressed ☐ Tired	☐ Angry ☐ Afraid ☐ Depressed ☐ Nervous ☐ Sad ☐ Shy ☐ Stressed ☐ Tired
☐ Chew gum ☐ Compression vest ☐ Count to 10 ☐ Deep breathing ☐ Drawing ☐ Drink water ☐ Exercise ☐ Fidget ☐ Headphones ☐ Imagery ☐ Listen to music ☐ Read ☐ Self-talk ☐ Stress ball ☐ Stretching ☐ Take a break ☐ Take a walk ☐ Talk to adult	☐ Chew gum ☐ Compression vest ☐ Count to 10 ☐ Deep breathing ☐ Drawing ☐ Drink water ☐ Exercise ☐ Fidget ☐ Headphones ☐ Imagery ☐ Listen to music ☐ Read ☐ Self-talk ☐ Stress ball ☐ Stretching ☐ Take a break ☐ Take a walk ☐ Talk to adult	☐ Chew gum ☐ Compression vest ☐ Count to 10 ☐ Deep breathing ☐ Drawing ☐ Drink water ☐ Exercise ☐ Fidget ☐ Headphones ☐ Imagery ☐ Listen to music ☐ Read ☐ Self-talk ☐ Stress ball ☐ Stretching ☐ Take a break ☐ Take a walk ☐ Talk to adult	☐ Chew gum ☐ Compression vest ☐ Count to 10 ☐ Deep breathing ☐ Drawing ☐ Drink water ☐ Exercise ☐ Fidget ☐ Headphones ☐ Imagery ☐ Listen to music ☐ Read ☐ Self-talk ☐ Stress ball ☐ Stretching ☐ Take a break ☐ Take a walk ☐ Talk to adult	☐ Chew gum ☐ Compression vest ☐ Count to 10 ☐ Deep breathing ☐ Drawing ☐ Drink water ☐ Exercise ☐ Fidget ☐ Headphones ☐ Imagery ☐ Listen to music ☐ Read ☐ Self-talk ☐ Stress ball ☐ Stretching ☐ Take a break ☐ Take a walk ☐ Talk to adult

Backpack Check for

Name: _____

Place all of the items that you need for school in your backpack. Place a checkmark in front of each item in the backpack.

Monday	Tuesday	Wednesday
☐ Homework ☐ Reading book ☐ Lunch box ☐ Lunch money ☐ Folder ☐ Gym clothes	☐ Homework ☐ Reading book ☐ Lunch box ☐ Lunch money ☐ Folder ☐ Gym clothes	☐ Homework ☐ Reading book ☐ Lunch box ☐ Lunch money ☐ Folder ☐ Gym clothes
Signature	Signature	Signature

Behavior Check Out

Name: _____ Week of: _____

Place a check to show you have each item needed to start the day.

Monday	Tuesday	Wednesday	Thursday
☐ Turn in behavior chart ☐ Completed work ☐ Followed the rules ☐ Followed the schedule ☐ Used coping activity ☐ Put away supplies	☐ Turn in behavior chart ☐ Completed work ☐ Followed the rules ☐ Followed the schedule ☐ Used coping activity ☐ Put away supplies	☐ Turn in behavior chart ☐ Completed work ☐ Followed the rules ☐ Followed the schedule ☐ Used coping activity ☐ Put away supplies	☐ Turn in behavior chart ☐ Completed work ☐ Followed the rules ☐ Followed the schedule ☐ Used coping activity ☐ Put away supplies
Signature	Signature	Signature	Signature

Am I Finished? Math Check for Secondary

Name: _____ Week of: _____

Read each box one at a time. After reading, look at your work to make completed the task. When the task is completed, place a checkmark in front of the box.

Monday	Tuesday	Wednesday	Thursday
☐ Am I all done? ☐ Did I follow the directions? ☐ Did I show my work? ☐ Did I understand the assignment? ☐ Is my work easy to read? ☐ Did I use my math tools? ☐ Did I ask for help if I needed it? ☐ Have I done my best? ☐ Is my name on the paper?	☐ Am I all done? ☐ Did I follow the directions? ☐ Did I show my work? ☐ Did I understand the assignment? ☐ Is my work easy to read? ☐ Did I use my math tools? ☐ Did I ask for help if I needed it? ☐ Have I done my best? ☐ Is my name on the paper?	☐ Am I all done? ☐ Did I follow the directions? ☐ Did I show my work? ☐ Did I understand the assignment? ☐ Is my work easy to read? ☐ Did I use my math tools? ☐ Did I ask for help if I needed it? ☐ Have I done my best? ☐ Is my name on the paper?	☐ Am I all done? ☐ Did I follow the directions? ☐ Did I show my work? ☐ Did I understand the assignment? ☐ Is my work easy to read? ☐ Did I use my math tools? ☐ Did I ask for help if I needed it? ☐ Have I done my best? ☐ Is my name on the paper?
Signature	Signature	Signature	Signature

Homework Check

Name: _____ Week of: _____

Place a check if homework is returned or not. If the homework was returned, check which circle notes the level of completion.

Monday	Tuesday	Wednesday	Thursday	Friday
☐ Returned ☐ Entirely done ☐ Partially done ☐ Not completed				
☐ Not Returned				
Notes:				

Homework Check

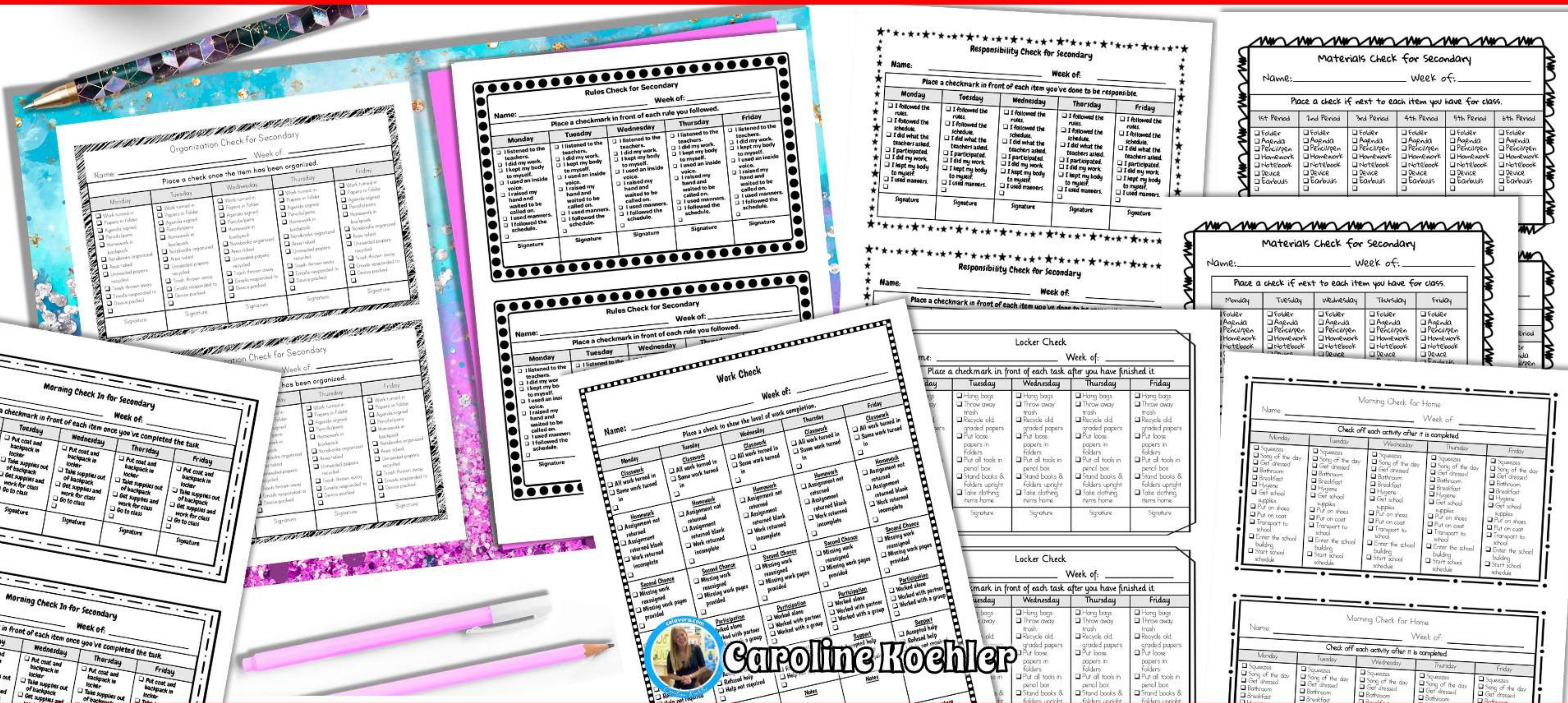
Name: _____ Week of: _____

Place a check if homework is returned or not. If the homework was returned, check which circle notes the level of completion.

Monday	Tuesday	Wednesday	Thursday	Friday
☐ Returned ☐ Entirely done ☐ Partially done ☐ Not completed				
☐ Not Returned				
Notes:				

WORK COMPLETION, BEHAVIOR, DESK, EMOTIONS

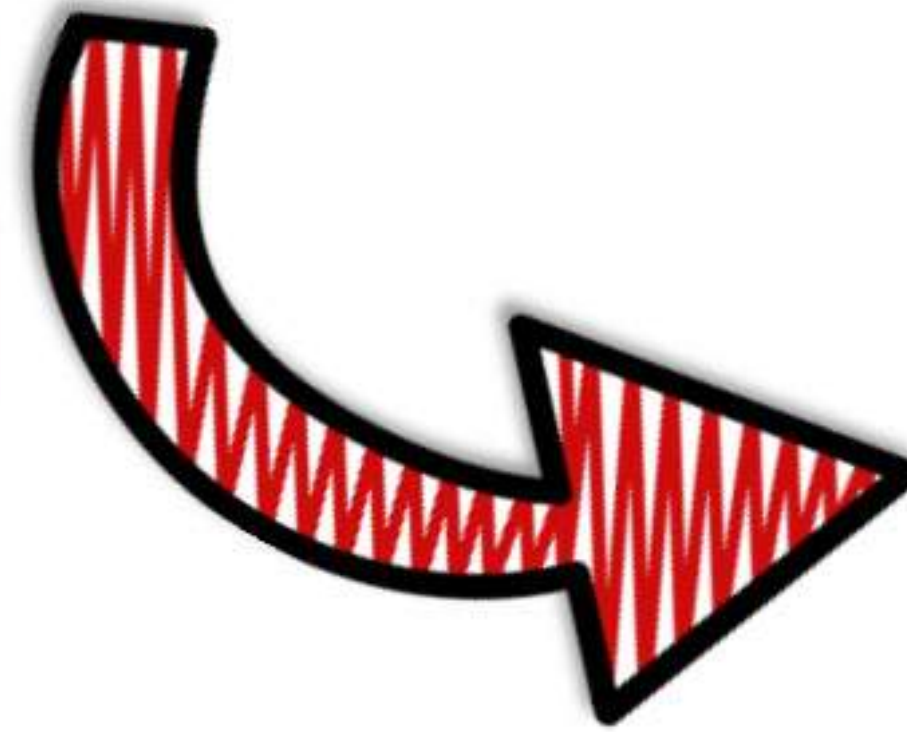
SECONDARY TEMPLATES



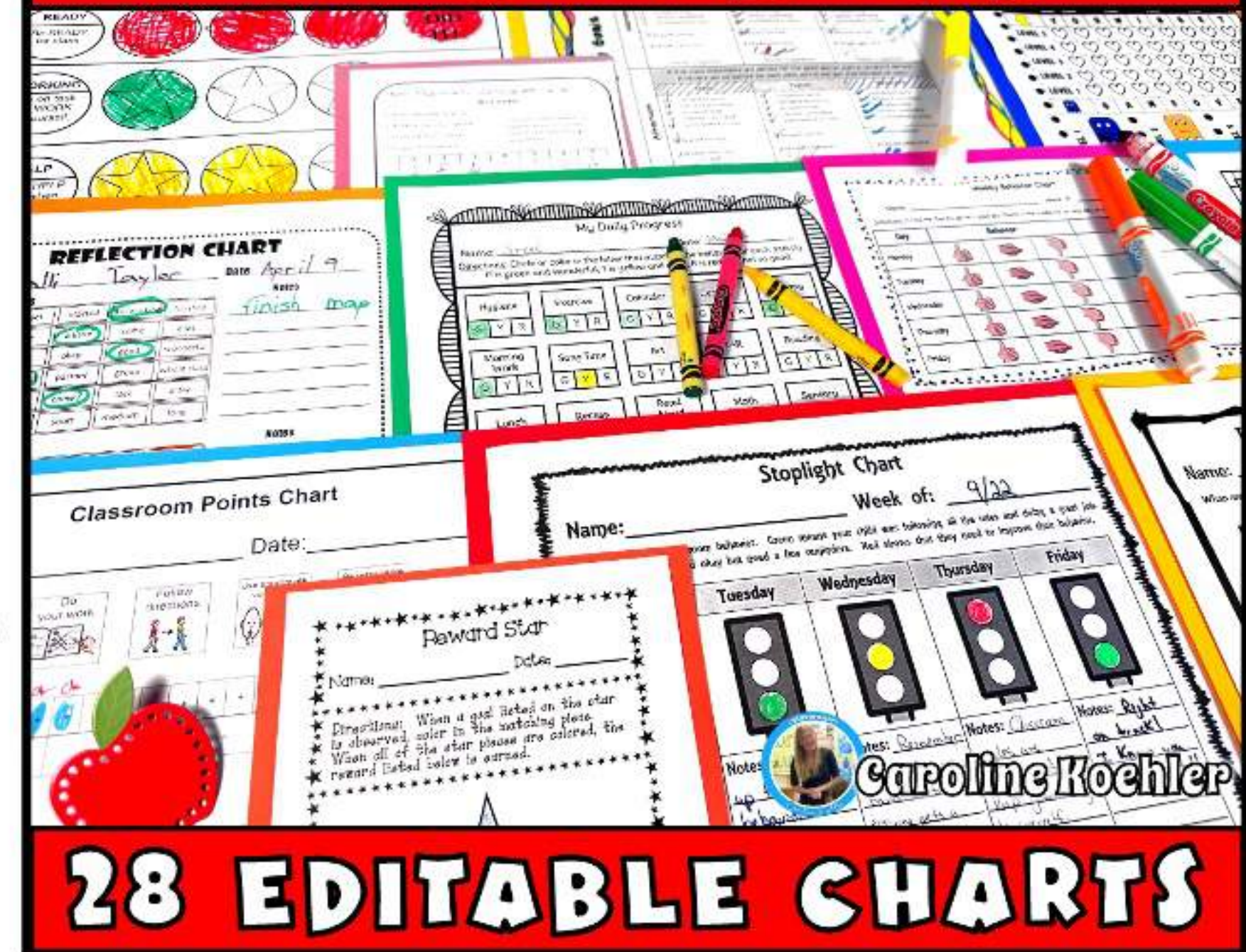
MATERIALS, MORNING, ORGANIZATION, RESPONSIBILITY, RULES, LOCKER, WORK

NEED MORE BEHAVIOR HELP?

Click here
for 28
behavior charts!



BEHAVIOR CHARTS ULTIMATE BUNDLE



28 EDITABLE CHARTS

- ✓ Behavior management
- ✓ Data tracking tools
- ✓ Editable + ready to use



Caroline Koehler