

Weekly Reflection

Student Name: _____

Week of: _____

Daily Report (Monday - Friday):

Monday	Tuesday	Wednesday	Thursday	Friday
Initial:	Initial:	Initial:	Initial:	Initial:

End of the Week Report (Friday):

O = Outstanding	S = Satisfactory	N = Needs Practice
Follows directions the first time.		Works independently and uses time wisely.
Demonstrates self control.		Raises hand to speak and takes turns speaking.
Produces neat, quality work.		Stays in personal space at table and on carpet.

Parent Signature: _____

Please sign on Friday and return to school. Thank you!