**CHECK IN CHECK OUT SHEET**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Day of the Week:** Mon Tues Wed Thurs Fri

**∙ Target Behavior 1: Self Control**

**∙ I can stay in my assigned area and refrain from walking around without permission.**

| **Target Behavior** | **Breakfast** | **Ancillary** | **Block 1****M/SS Sci/ELA** | **Lunch/Recess** | **Block 2****M/SS Sci/ELA** | **Dismissal** |
| --- | --- | --- | --- | --- | --- | --- |
| **Self-Control** | 2 1 0 | 2 1 0 | 2 1 0 | 2 1 0 | 2 1 0 | 2 1 0 |

**Goal: \_\_\_\_\_\_\_ pts Did I meet my challenge goal? Yes No**

**∙ Target Behavior 2: Compliance**

**∙ I can respect my teachers, by doing what they say the first time asked.**

| **Target Behavior** | **Breakfast** | **Ancillary** | **Block 1****M/SS Sci/ELA** | **Lunch/Recess** | **Block 2****M/SS Sci/ELA** | **Dismissal** |
| --- | --- | --- | --- | --- | --- | --- |
| **Self-Control** | 2 1 0 | 2 1 0 | 2 1 0 | 2 1 0 | 2 1 0 | 2 1 0 |

**Goal: \_\_\_\_\_\_\_ pts Did I meet my challenge goal? Yes No**

**Daily Challenge /Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Student Signature:** \_\_\_\_\_\_\_\_\_\_\_\_ **Teacher Signature:** \_\_\_\_\_\_\_\_\_\_\_\_ **Mentor Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Parent Signature:**\_\_\_\_\_\_\_\_\_\_\_\_