

Classroom Behavior Evaluation Individual

Name: _____

Date: _____

Teacher: _____

(4=Excellent, 3=Good, 2=Needed to be reminded, 1=Needs to work on, 0= Need to have a parent/teacher meeting)

	Mon	Tues	Wed	Thurs	Fri	Comments
In seat at bell						
Used inside voice						
Respectful to teacher & classmates						
No talking out of turn						
Prepared for class with all materials						
Followed directions						
On task and using time appropriately						
Takes time to do best work and doesn't rush						
Completed assigned work						
Teacher's initials:						
Parent's initials:						
Total points for the day:						

Total points for the week: _____