HOSPITAL SCHOOLS

PBIS Power of Choice Daily Point Sheet

Student's Name: _____ **Date**_____

Behavioral Expectation	**Period 1**	**Period 2**	**Period 3**	**Period 4**	**Period 5**	**Period 6**	**Period 7**	**Teacher's Comments**
Subject								
Be Safe								
1. I maintained appropriate boundaries.								
2. I stayed in supervised area.								
3. I used material safely.								
Be Respectful								**Daily Homework**
1. I followed directions.								
2. I used appropriate language.								
3. I respected school property.								
Be Responsible								
1. I was prepared.								
2. I started on time.								
3. I cleaned up and returned materials.								
Transition								
Total								

Teacher's Signature: _____

Agency Staff: _____

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Legend:
►One (1) point per behavioral expectation
►Do not put "0" as a rating; include the behavior.