

Daily Self-Evaluation Form

Name: _____

Date: _____

Directions to Staff: At the end of each day, [X] is to request this form from his paraprofessional. If he doesn't request it, he should be cued to ask for it. [X] should independently complete the form, review it with his paraprofessional or resource room teacher and then turn it in to him/her. Completed forms should be saved in a file so that progress over the course of the school year may be determined.

[X]: Please rate each of the items in the chart below in terms of how well you think you did on the task, where 1 is "not at all", 3 is "average" and 5 is "very much or all." If something wasn't possible for the day (for example, if you had no papers in school to file at all), you can just put a line through that row for the day.

ITEM	1	2	3	4	5
Recorded all homework assignments completely and accurately (without cueing).					
Packed up necessary materials for homework at end of class period or day ("5" = needed no help or reminders)					
Entered long-term project deadlines or test dates in planner.					
Worked on breaking down long-term projects or studying for tests into intermediate deadlines and entered intermediate deadlines in planner.					
Showed teacher(s) intermediate work towards big project.					
Remembered to go to school nurse to take in-school medication today (without cueing).					
Conformed to school code of conduct by acting appropriately.					
Once each week, clean out files and folders. On the last day of each school week, circle Yes or No for whether you did this. Otherwise, leave this row blank.					