**Student’s Name: Teacher/ School: Daily Behavior Progress Monitoring**

Directions: Teachers are asked to provide a rating of \_\_\_\_\_\_\_\_\_\_\_\_’s functioning in each behavioral target areas on a daily basis. These will be kept as documentation of his response to and progress with the behavior intervention plan. Please make as many copies of this form as necessary. Progress will be monitored on a monthly basis.

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| Dates:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Daily Rating(0 = 0%, 1 = 20%, 2 = 40%, 3 = 60%, 4 = 80%, 5 = 100%) |
| Target Behaviors: | Monday\_\_\_\_\_\_\_\_ | Tuesday\_\_\_\_\_\_\_\_ | Wednesday\_\_\_\_\_\_\_\_ | Thursday\_\_\_\_\_\_\_\_ | Friday\_\_\_\_\_\_\_\_ | Average | Comments: |
|  |  0 1 2 3 4 5 | 0 1 2 3 4 5 | 0 1 2 3 4 5 | 0 1 2 3 4 5 | 0 1 2 3 4 5 |  |  |
|  | 0 1 2 3 4 5 | 0 1 2 3 4 5 | 0 1 2 3 4 5 | 0 1 2 3 4 5 | 0 1 2 3 4 5 |  |  |
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| Dates:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Daily Rating(0 = 0%, 1 = 20%, 2 = 40%, 3 = 60%, 4 = 80%, 5 = 100%) |
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|  | 0 1 2 3 4 5 | 0 1 2 3 4 5 | 0 1 2 3 4 5 | 0 1 2 3 4 5 | 0 1 2 3 4 5 |  |  |
|  | 0 1 2 3 4 5 | 0 1 2 3 4 5 | 0 1 2 3 4 5 | 0 1 2 3 4 5 | 0 1 2 3 4 5 |  |  |
|  | 0 1 2 3 4 5 | 0 1 2 3 4 5 | 0 1 2 3 4 5 | 0 1 2 3 4 5 | 0 1 2 3 4 5 |  |  |
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