

Daily Point Sheet

Name: _____ Date: _____

Daily Goal: _____

Activity:	Possible Points:	Behavior:	Points Earned:
Bus AM/PM	10		
Recess/Breakfast/Opening 8:15-9:00	10		
Reading (Phonograms, Sight Words, SSR, Readers' Theater) 9:00-10:00	10		
10:00-11:00 Reading/ Phonogram Dictation/ Spelling/ Writing	10		
Lunch/Recess 11:00-11:45	10		
Story Read Aloud/Math 11:45-1:10 Computer (2,5)/Writers' Workshop	10		
Specials 1:10-1:55	10		
Recess: 1:55-2:10	10		
Science/Social Studies/ Skills Streaming 2:10-3:00	10		
Study Hall/Social Time /Class Meeting/ Closing 3:00-3:30	10		
Total Points Earned			

Did I make my daily goal? Yes No Because _____

Did I make my day: Yes No Because: _____

Teacher: _____ Student: _____

Parent: _____

See back for additional comments