

Date:

Name:

Morning CHECK-IN

Last meeting was

How I feel about today:



What I have learned?



What I want to learn more?



I remembered some words



MY SELF EVALUATION

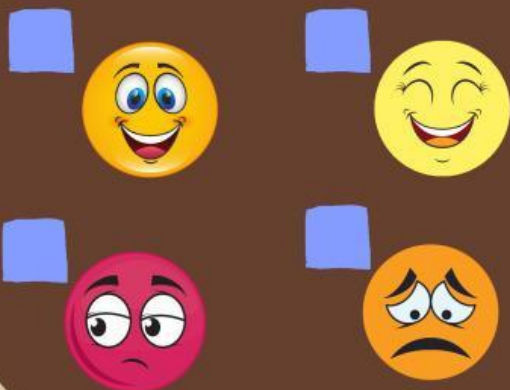
Read each statement below. Place a check mark in the box that best match your behavior in the classroom.

	Yes	No
I follow directions.	<input type="checkbox"/>	<input type="checkbox"/>
I do my best work.	<input type="checkbox"/>	<input type="checkbox"/>
I cooperate with others.	<input type="checkbox"/>	<input type="checkbox"/>
I am polite and respectful to others.	<input type="checkbox"/>	<input type="checkbox"/>
I complete my work on time.	<input type="checkbox"/>	<input type="checkbox"/>
I listen to the teacher.	<input type="checkbox"/>	<input type="checkbox"/>
I raise my hand before I answer questions.	<input type="checkbox"/>	<input type="checkbox"/>
I participate in class discussions.	<input type="checkbox"/>	<input type="checkbox"/>
I keep my hands and feet to myself.	<input type="checkbox"/>	<input type="checkbox"/>



My Learning Reflection

The Learning today was



I have learned in this unit



Things that are very difficult



I learned new word today



My Reward

