

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Teaching Sessions

Time Spent  
Staff Initials

Content Area  
(Group, Special, RT,  
Social)

Comments (Performance, behavior, errors)

Problem  
Behavior

Arrival  
Routine

Total Problem Behavior: \_\_\_\_\_



# Additional Comments/Questions:

Lined area for writing additional comments or questions.

Autistic Support Teacher  
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