

ALL ABOUT MY SCHOOL DAY



DATE: _____

STUDENT NAME: _____ COMPLETED BY: _____

TODAY'S ACTIVITIES:



PHYSICAL
EDUCATION



MUSIC



ART



RECESS



CHOICE
TIME



LUNCH



SNACK



SPEECH
THERAPY



OCCUPATIONAL
THERAPY



PHYSICAL
THERAPY



COMPUTER
TIME



MATH



READING



WRITING



THIS MORNING, I FELT: HAPPY SAD ENERGETIC SLEEPY CALM FRUSTRATED SICK.

THIS AFTERNOON, I FELT: HAPPY SAD ENERGETIC SLEEPY CALM FRUSTRATED SICK.

DURING WORK TIMES I WAS MOSTLY: WORKING HARD OFF TASK FOCUSED DISTRACTED.

I ATE ALL MOST A LITTLE NONE OF MY BREAKFAST/ LUNCH & ALL MOST A LITTLE NONE OF MY SNACK.

I WENT POTTY TODAY! I URINATED THE SAME MORE THAN LESS THAN USUAL.

I WENT POTTY TODAY! I STOOLED THE SAME MORE THAN LESS THAN USUAL.

OVERALL, TODAY, I HAD NO (0) FEW (1-3) SOME (4-5) FREQUENT (6+) BEHAVIORS THAT IMPACTED MY DAY.

ONE GREAT THING I DID TODAY WAS: _____

Notes:





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_____ !

Notes:



Access more free resources
at www.echoautism.org

MY DAILY JOURNAL

STUDENT NAME: _____

DATE: _____

COMPLETED BY: _____

READING	During Reading, I felt...
	HAPPY SAD ENERGETIC SLEEPY CALM FRUSTRATED SICK
	During work time, I was...
	GIVING MY BEST ON TASK DISTRACTED

MATH	During Math, I felt...
	HAPPY SAD ENERGETIC SLEEPY CALM FRUSTRATED SICK
	During work time, I was...
	GIVING MY BEST ON TASK DISTRACTED

SCIENCE	During Science, I felt...
	HAPPY SAD ENERGETIC SLEEPY CALM FRUSTRATED SICK
	During work time, I was...
	GIVING MY BEST ON TASK DISTRACTED

SOCIAL STUDIES	During Social Studies, I felt...
	HAPPY SAD ENERGETIC SLEEPY CALM FRUSTRATED SICK
	During work time, I was...
	GIVING MY BEST ON TASK DISTRACTED

SPECIALS	During Specials, I felt...
	HAPPY SAD ENERGETIC SLEEPY CALM FRUSTRATED SICK
	During work time, I was...
	GIVING MY BEST ON TASK DISTRACTED

Overall, today, I had NO(0) FEW(1-3) SOME(4-5) FREQUENT(6+) behaviors that impacted my day.

One great thing i did today was: _____

Overall, today was a GREAT GOOD OKAY TOUGH VERY DIFFICULT day!



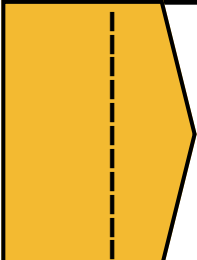
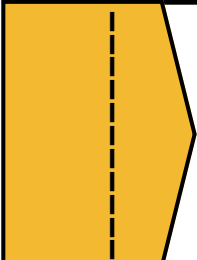
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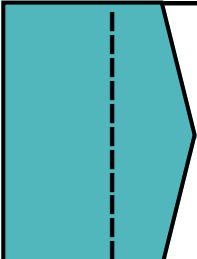
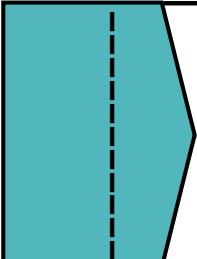
MY DAILY JOURNAL

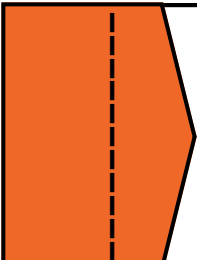
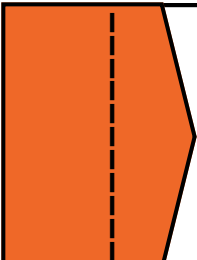
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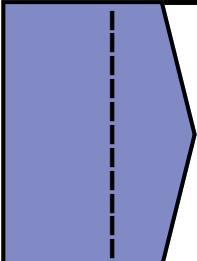
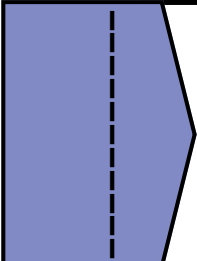
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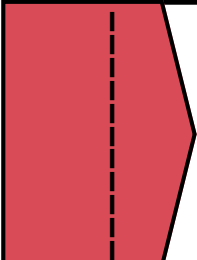
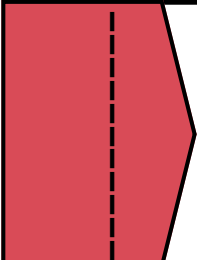
COMPLETED BY: _____

	During _____, I felt...
	HAPPY SAD ENERGETIC SLEEPY CALM FRUSTRATED SICK
	During work time, I was...
	GIVING MY BEST ON TASK DISTRACTED

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Overall, today, I had NO(0) FEW(1-3) SOME(4-5) FREQUENT(6+) behaviors that impacted my day.

One great thing i did today was: _____

Overall, today was a GREAT GOOD OKAY TOUGH VERY DIFFICULT day!



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FREE TIME



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READING



WRITING

MORNING	This morning, I felt...						
	HAPPY	SAD	ENERGETIC	SLEEPY	CALM	FRUSTRATED	SICK
AFTERNOON	During work time, I was...						
	GIVING MY BEST		ON TASK		DISTRACTED		
AFTERNOON	This afternoon, I felt...						
	HAPPY	SAD	ENERGETIC	SLEEPY	CALM	FRUSTRATED	SICK
AFTERNOON	During work time, I was...						
	GIVING MY BEST		ON TASK		DISTRACTED		

I ate ALL MOST A LITTLE NONE of my breakfast/ lunch & ALL MOST A LITTLE NONE of my snack.

When I went to the bathroom today, I URINATED STOOLED
 I urinated THE SAME MORE THAN LESS THAN usual, today.
 I stooped THE SAME MORE THAN LESS THAN usual, today.

Overall, today, I had NO(0) FEW(1-3) SOME(4-5) FREQUENT(6+) behaviors that impacted my day.

One great thing i did today was: _____
 _____ !

Overall, today was a GREAT GOOD OKAY TOUGH VERY DIFFICULT day!



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BEFORE SCHOOL REPORT

THE WEEK OF: _____

STUDENT NAME: _____

Date _____

COMPLETED BY: _____

MONDAY	Rate your child's sleep last night. VERY GOOD OK NOT GOOD	Rate your child's mood before school. HAPPY SAD MAD SLEEPY ANXIOUS
	Before school, my child... URINATED STOOLED BOTH	Before school, my child... ATE A MEAL HAD A SNACK DID NOT EAT
NOTES		

Date _____

TUESDAY	Rate your child's sleep last night. VERY GOOD OK NOT GOOD	Rate your child's mood before school. HAPPY SAD MAD SLEEPY ANXIOUS
	Before school, my child... URINATED STOOLED BOTH	Before school, my child... ATE A MEAL HAD A SNACK DID NOT EAT
NOTES		

Date _____

WEDNESDAY	Rate your child's sleep last night. VERY GOOD OK NOT GOOD	Rate your child's mood before school. HAPPY SAD MAD SLEEPY ANXIOUS
	Before school, my child... URINATED STOOLED BOTH	Before school, my child... ATE A MEAL HAD A SNACK DID NOT EAT
NOTES		

BEFORE SCHOOL REPORT

THE WEEK OF: _____

STUDENT NAME: _____

COMPLETED BY: _____

Date _____

THURSDAY	Rate your child's sleep last night.	Rate your child's mood before school.
	VERY GOOD OK NOT GOOD	HAPPY SAD MAD SLEEPY ANXIOUS
NOTES	Before school, my child...	Before school, my child...
	URINATED STOOLED BOTH	ATE A MEAL HAD A SNACK DID NOT EAT

Date _____

FRIDAY	Rate your child's sleep last night.	Rate your child's mood before school.
	VERY GOOD OK NOT GOOD	HAPPY SAD MAD SLEEPY ANXIOUS
NOTES	Before school, my child...	Before school, my child...
	URINATED STOOLED BOTH	ATE A MEAL HAD A SNACK DID NOT EAT

What was the most amazing thing your child did this week? _____



BEFORE SCHOOL REPORT

STUDENT NAME: _____

COMPLETED BY: _____

DATE	Rate your child's sleep last night. VERY GOOD OK NOT GOOD	Rate your child's mood before school. HAPPY SAD MAD SLEEPY ANXIOUS
	Before school, my child... URINATED STOOLED BOTH	Before school, my child... ATE A MEAL HAD A SNACK DID NOT EAT
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BEFORE SCHOOL REPORT

STUDENT NAME: _____

COMPLETED BY: _____

DATE	Rate your child's sleep last night. VERY GOOD OK NOT GOOD	Rate your child's mood before school. HAPPY SAD MAD SLEEPY ANXIOUS
	Before school, my child... URINATED STOOLED BOTH	Before school, my child... ATE A MEAL HAD A SNACK DID NOT EAT
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