CHECK-IN CHECK-OUT	(CICO) Daily	y Rep	oort Form
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Student:				Grade:Checker:										Date:								
Teachers: Please circle a "2" if the student attended your class on time and remained in class. Circle a "1" if the student was tardy to your class or left class. Circle a "0" if the student did not attend class.																						
Subject/Period:																						
Behavior Goals:																						Total Points
1.	2	1	0	2	1	0	2	1	0	2	1	0	2	1	0	2	1	0	2	1	0	
2.	2	1	0	2	1	0	2	1	0	2	1	0	2	1	0	2	1	0	2	1	0	
Teacher Initials:																						Total number of points earned today:
Total Points:																						
COMMENTS: (Please keep comments <u>supportive</u> and <u>positive</u>)											Total points possible today:											
What did the student do well today? Total Points Possible:																						
What can the student do better tomorrow?										% of points earned today:												
Incentives Checker: circle one at the end of the day: Student Signature If so, what is the reward? I MET MY GOAL														Daily Point Goal								

Did the student receive the reward? Y N

___%

YES

NO

Parent/Guardian Signature & Comments