

Daily Checklist

Student: _____

Week: _____

Activity: _____

What do I need to do?	Monday	Tuesday	Wednesday	Thursday	Friday
Total completed:					

✓ = I did this!!!

X = I did not do this!

Form 7.6. Daily Checklist.

The Transition Handbook: Strategies High School Teachers Use that Work!
 by Carolyn Hughes, Ph.D., and Erik W. Carter, M.Ed.
 © 2000 by Paul H. Brookes Publishing Co., Baltimore