

Point Sheet

Name: _____

Date: _____

Time	Following Directions on First Time	Completing Tasks	Working Quietly
8:30 – 8:45			
8:45 – 9:00			
9:00 – 9:15			
9:15 – 9:30			
9:30 – 9:45			
9:45 – 10:00			
10:00 – 10:15			
10:15 – 10:30			
10:30 – 10:45			
10:45 – 11:00			
11:00 – 11:15			
11:15 – 11:30			

Morning Teacher Signature _____

11:30 – 11:45			
11:45 – 12:00			
12:00 – 12:15			
12:15 – 12:30			
12:30 – 12:45			
12:45 – 1:00			
1:00 – 1:15			
1:15 – 1:30			
1:30 – 1:45			
1:45 – 2:00			
2:00 – 2:15			
2:15 – 2:30			
2:30 – 2:45			
2:45 – 3:00			

Parent Signature _____

Afternoon Teacher Signature _____

