

## Daily Classroom Skill Card

\_\_\_\_\_ is working on the goals listed below. Please rate the student's use of the skill on a scale of 1 to 5. Thank you.

Date: \_\_\_\_\_ Mentor's Name: \_\_\_\_\_

1= Excellent 2= Good 3= Trying 4= Needs Improvement 5= Unsatisfactory

### Class Period/Subject

**Time**  
**Subject**


Goals

1. \_\_\_\_\_

2. \_\_\_\_\_

Teacher Initials

\_\_\_\_\_

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**Goal of the week**  
**All St.A.R.S.**

My goal for the week is: \_\_\_\_\_

\_\_\_\_\_

I am a WINNER! I am a LEADER! I will accomplish my GOAL!

Student Signature: \_\_\_\_\_

**Behavior Reflection**

- \* What did you do well? \_\_\_\_\_
- \* What problems, if any, did you have? \_\_\_\_\_
- \* What will you change tomorrow? \_\_\_\_\_

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