

SCHOOL NAME: _____

Self-Monitoring Chart

Student Name: _____

Date: _____

Teacher Name: _____

Classroom Rules	Morning				Afternoon			
Stayed in seat	1	2	3	4	1	2	3	4
Raised hand to ask question or get out of seat	1	2	3	4	1	2	3	4
Followed teacher directions	1	2	3	4	1	2	3	4
Respected fellow students	1	2	3	4	1	2	3	4
Worked on class assignments	1	2	3	4	1	2	3	4

Rating Scale – Circle a number.

1 = Needs Improvement 2 = Barely OK 3 = Average 4 = Great

If the teacher agrees with the student rating, put a line across the circled rating.



If the teacher does not agree with the student rating, put an "X" in the circle.



Comments:

Self-Monitoring Form
10-minute intervals

Student: _____ Date: _____

Behavior: _____

	+ or -	Comments*		+ or -	Comments*		+ or -	Comments*
8:00-8:09			11:10-11:19			2:20-2:29		
8:10-8:19			11:20-11:29			2:30-2:49		
8:20-8:29			11:30-11:49			2:50-2:59		
8:30-8:49			11:50-11:59			3:00-3:09		
8:50-8:59			12:00-12:09			3:10-3:19		
9:00-9:09			12:10-12:19			3:20-3:29		
9:10-9:19			12:20-12:29					
9:20-9:29			12:30-12:49					
9:30-9:49			12:50-12:59					
9:50-9:59			1:00-1:09					
10:00-10:09			1:10-1:19					
10:10-10:19			1:20-1:29					
10:20-10:29			1:30-1:49					
10:30-10:49			1:50-1:59					
10:50-10:59			2:00-2:09					
11:00-11:09			2:10-2:19					

Figure 4

Self Monitoring Chart

Monitoring Compliance		
Student's Name:		Date:
School:		
Times/Periods	Did you do your work and do what the teacher asked?	Did you fail to do your work and do what the teacher asked?
1	YES	YES
2	YES	YES
3	YES	YES
4	YES	YES
5	YES	YES
<p>RULES: 1) After every period look back and monitor your behavior during that period and circle the YES that best represents how your behavior was during class.</p> <p>2) Put the chart back in the folder.</p> <p>3) Repeat the same thing after the next period.</p> <p>4) Make sure you are being honest.</p>		
1		

Daily Self Monitoring Chart

Student Name: _____



Date: _____

Target Behaviors	Period 1		Period 2		Period 3		Period 4		Period 5		Period 6		
	Time 1	Time 2	Time 1	Time 2	Time 1	Time 2	Time 1	Time 2	Time 1	Time 2	Time 1	Time 2	
Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Raised hand to ask question or get out of seat													
Kept hands and feet to self													10.b.7.
Worked on class assignments													
Followed teacher instructions													
Totals													

Goal (number of total "yes" to "no"): _____

Figure 3

SCHOOL NAME: _____

Self-Monitoring Chart									
Student Name:					Date:				
Teacher Name:									
Classroom Rules	Morning				Afternoon				
Stayed in seat	1	2	3	4	1	2	3	4	
Raised hand to ask question or get out of seat	1	2	3	4	1	2	3	4	
Followed teacher directions	1	2	3	4	1	2	3	4	
Respected fellow students	1	2	3	4	1	2	3	4	
Worked on class assignments	1	2	3	4	1	2	3	4	
<p align="center">Rating Scale – Circle a number. 1 = Needs Improvement 2 = Barely OK 3 = Average 4 = Great</p>									
If the teacher agrees with the student rating, put a line across the circled rating.									
If the teacher does not agree with the student rating, put an "X" in the circle.									
Comments:									

Student:

Teacher:

Date:

Expected Behaviors

1.

2.

3.

Monitor Your Behavior

Put an "O" if you were doing what you were supposed to for the entire interval

Put an "I" if you were quiet but weren't doing your work for part of the interval

Put an "X" if you were talking or out of your seat for part of the interval

Remember to be honest!

1

2

3

4

5

6

7

8

9

10

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