Harris County Psychiatric Center

TEACHER'S DAILY PROGRESS/ FEEDBACK FOR ADOLESCENT SERVICES

Teacher's Name:_____ Date:_____

Student's File:_____

Today my mood is: ❑ Happy ❑ Sad ❑ Angry

1. Participates in classroom activities?	❑ Needs to improve	❑ Improved	❑ Meets expectations
2. Student follows classroom rules?	❑ Needs to improve	❑ Improved	❑ Meets expectations
3. Student demonstrates self-control?	❑ Needs to improve	❑ Improved	❑ Meets expectations
4. Student uses appropriate verbal language?	❑ Needs to improve	❑ Improved	❑ Meets expectations
5. Student completes a task by following directions?	❑ Needs to improve	❑ Improved	❑ Meets expectations
6. Student is able to concentrate?	❑ Needs to improve	❑ Improved	❑ Meets expectations
7. Easily distracted?	❑ Needs to improve	❑ Improved	❑ Meets expectations
8. Student appears motivated?	❑ Needs to improve	❑ Improved	❑ Meets expectations
9. Student shows good coping skills?	❑ Needs to improve	❑ Improved	❑ Meets expectations
10. Student demonstrates good peer interaction?	❑ Needs to improve	❑ Improved	❑ Meets expectations
11. Student demonstrates good teacher interaction?	❑ Needs to improve	❑ Improved	❑ Meets expectations
12. Shows respect for property and materials?	❑ Needs to improve	❑ Improved	❑ Meets expectations

Comments: _____

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_____ _____
Student Signature Date

_____ _____
Teacher Signature Date

Treatment Team Recommendations (if any):

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