

**TEACHER'S WEEKLY PROGRESS/
FEEDBACK FOR SUBACUTE
ADOLESCENT SERVICES**

Teacher's Name: _____ Date: _____

1 = Needs to improve

2 = Improved

3 = Meets expectations

Behaviors	Monday	Tuesday	Wednesday	Thursday	Friday
1. Participates in classroom activities?					
2. Student follows classroom rules?					
3. Student demonstrates self-control?					
4. Student uses appropriate verbal language?					
5. Student completes a task by following directions?					
6. Student is able to concentrate?					
7. Easily distracted?					
8. Student appears motivated?					
9. Student shows good coping skills?					
10. Student demonstrates good peer interaction?					
11. Student demonstrates good teacher interaction?					
12. Completes daily assignments?					
13. Shows respect for property and materials?					

Comments: _____

 Student Signature _____ Date _____

 Teacher Signature _____ Date _____

 Team Review Signature _____ Date _____

Treatment Team Recommendations (if any):

