

Elementary Monitoring Form

Student _____

Date _____

*Please initial appropriate response

MONDAY

Used his/her time well Yes____ No____

Completed/handed in daily work Yes____ No____

Comments _____

TUESDAY

Used his/her time well Yes____ No____

Completed/handed in daily work Yes____ No____

Comments _____

WEDNESDAY

Used his/her time well Yes____ No____

Completed/handed in daily work Yes____ No____

Comments _____

THURSDAY

Used his/her time well Yes____ No____

Completed/handed in daily work Yes____ No____

Comments _____

FRIDAY

Used his/her time well Yes____ No____

Completed/handed in daily work Yes____ No____

Comments _____

Please send home for parent to check daily