

TEACHER'S NAME/MAESTRO/A _____

INDIVIDUALIZED BEHAVIOR CHART
PLAN DE COMPORTAMIENTO INDIVIDUALIZADO

STUDENT'S NAME/NOMBRE DEL ESTUDIANTE: _____

GRADE/GRADO: _____ ROOM #/SALON #: _____

DAY OF THE WEEK/ DIA DE SEMANA			RECESS/ RECRO			LUNCH/ ALMUERZO		
MONDAY/ LUNES, _____								
TUESDAY/ MARTES, _____								
WEDNESDAY/ MIERCOLES, _____								
THURSDAY/ JUEVES, _____								
FRIDAY/ VIERNES, _____								

PARENT SIGNATURE/FIRMA DE PADRE

*(PLEASE SIGN AND RETURN EVERYDAY TO YOUR CHILD'S TEACHER/
POR FAVOR FIRME Y REGRESE AL MAESTRO DE SU NIÑO TODOS LOS DIAS)*

MONDAY/LUNES _____

TUESDAY/MARTES _____

WEDNESDAY/MIERCOLES _____

THURSDAY/JUEVES _____

FRIDAY/VIERNES _____