

# Daily Communication Checklist

Name \_\_\_\_\_

Date \_\_\_\_\_

## At School

(check all that apply)

<p><b>Breakfast:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I sat by _____</li> <li><input type="checkbox"/> I stayed in my area</li> <li><input type="checkbox"/> I opened containers/packages</li> <li><input type="checkbox"/> I ate independently</li> <li><input type="checkbox"/> I cleaned my area</li> <li><input type="checkbox"/> I ate _____</li> <li><input type="checkbox"/> Notes:</li> </ul>	<p><b>Snack:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I sat by _____</li> <li><input type="checkbox"/> I stayed in my area</li> <li><input type="checkbox"/> I opened containers/packages</li> <li><input type="checkbox"/> I ate independently</li> <li><input type="checkbox"/> I cleaned my area</li> <li><input type="checkbox"/> I ate _____</li> <li><input type="checkbox"/> Notes:</li> </ul>	<p><b>Lunch:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I sat by _____</li> <li><input type="checkbox"/> I stayed in my area</li> <li><input type="checkbox"/> I opened containers/packages</li> <li><input type="checkbox"/> I ate independently</li> <li><input type="checkbox"/> I cleaned my area.</li> <li><input type="checkbox"/> I ate _____</li> <li><input type="checkbox"/> Notes:</li> </ul>
<p><b>Recess Inside/Outside: (circle one)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I initiated play with _____</li> <li><input type="checkbox"/> _____ played with me</li> <li><input type="checkbox"/> I followed the playground rules</li> <li><input type="checkbox"/> I transitioned from recess to classroom independently</li> <li><input type="checkbox"/> I wore my coat, hat, gloves (if needed)</li> <li><input type="checkbox"/> Notes:</li> </ul>	<p><b>Hygiene/Self-Care:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I asked to use the restroom</li> <li><input type="checkbox"/> I used my device to request restroom</li> <li><input type="checkbox"/> I sat on the toilet</li> <li><input type="checkbox"/> I voided into the toilet</li> <li><input type="checkbox"/> I washed my hands independently</li> <li><input type="checkbox"/> Accidents _____</li> <li><input type="checkbox"/> Notes:</li> </ul>	<p><b>Tasks:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I had all my materials ready</li> <li><input type="checkbox"/> I followed instructions</li> <li><input type="checkbox"/> I worked with a partner _____</li> <li><input type="checkbox"/> I completed all my tasks</li> <li><input type="checkbox"/> I stayed in my area</li> <li><input type="checkbox"/> Notes:</li> </ul>
<p><b>Today I saw:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Speech Therapist</li> <li><input type="checkbox"/> Occupational Therapist</li> <li><input type="checkbox"/> Physical Therapist</li> <li><input type="checkbox"/> Nurse</li> <li><input type="checkbox"/> Counselor</li> <li><input type="checkbox"/> Other _____</li> <li><input type="checkbox"/> Notes:</li> </ul>	<p>I made _____ proud of me today. Here's why:</p>   	

**At Home**

(check all that apply)

<p><b>What happened at home:</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> I helped my family with _____</li><li><input type="checkbox"/> I went out in the community (shopping, park, library, etc.) We went to: _____</li><li><input type="checkbox"/> I fed my animal(s)</li><li><input type="checkbox"/> I did my homework</li><li><input type="checkbox"/> I went to bed at _____pm.</li><li><input type="checkbox"/> Other:</li><li><input type="checkbox"/> Other:</li><li><input type="checkbox"/> Other:</li><li><input type="checkbox"/> Notes:</li></ul>	<p><b>Something my school team may need to know:</b></p>
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**Additional notes from home or school:**

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