(Student's Name) Day at School
Date:_____
Circle:
OT Resource Speech Art Music PE Computer
Here is something we learned about at school:

_____

_____

Circle:
I interacted with others: Most of the time Some of the time Not much
I followed directions/cooperated: Most of the time Some of the time Not much
Here is something I did well, learned or had fun doing:

_____

_____

I had trouble with this today:
Notes for Home:

_____

_____

_____

_____

_____

_____

_____