

Name: _____

Date: _____

Self-Monitoring

_____	Yes	No
I am sitting in my chair.	<input type="checkbox"/>	<input type="checkbox"/>
I am keeping my hands and feet to myself.	<input type="checkbox"/>	<input type="checkbox"/>
I am looking at, and listening to, the teacher, or screen/ board.	<input type="checkbox"/>	<input type="checkbox"/>
I am completing my work.	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to any of these questions is no, ask yourself, "What can I do to help myself get back on task?"

If the answer to the question is yes, Good Job!

