

# Daily Communication Log

Date: \_\_\_\_\_

<b>Class:</b>	<b>Lesson topic(s):</b>	
<input type="checkbox"/> On-task:	<input type="checkbox"/> Off-task:	<input type="checkbox"/> Making noises:
<input type="checkbox"/> Followed directions:	<input type="checkbox"/> Difficulty following directions:	<input type="checkbox"/> Grinding teeth:
<input type="checkbox"/> Tired/Lethargic:	<input type="checkbox"/> Took breaks:	<input type="checkbox"/> Participated:
Other:		

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Bright Spots:
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