

Audit of Schoolwide Reward Systems

School: _____

Date: _____

	Name of reward	Criteria for obtaining reward	Process for delivering reward	Connected to Schoolwide expectations	Status of Implementation
Schoolwide formal recognitions				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In place <input type="checkbox"/> Partial in place <input type="checkbox"/> Not in place
Schoolwide "quick" acknowledgements				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In place <input type="checkbox"/> Partial in place <input type="checkbox"/> Not in place
Classroom reward system				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In place <input type="checkbox"/> Partial in place <input type="checkbox"/> Not in place
Individual student reward system				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In place <input type="checkbox"/> Partial in place <input type="checkbox"/> Not in place
Staff reward system				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In place <input type="checkbox"/> Partial in place <input type="checkbox"/> Not in place
Sustainability: What is the procedure to inform new staff/students of the various reward systems.					