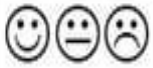
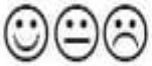
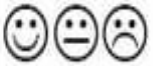
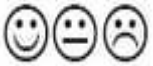
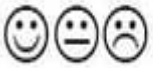
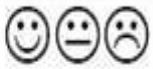
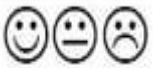
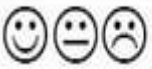
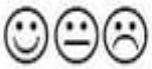
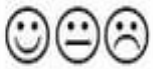
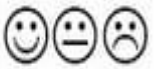
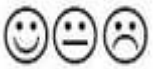
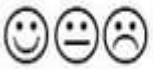
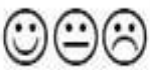
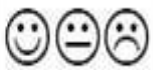
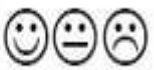
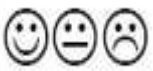
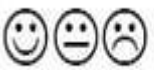
Home Note

Name_____ Week of_____

Behavior	Mon	Tues	Wed	Thurs	Fri
Stay in Seat/ place					
Keep hands/feet to self					
Follow Directions					
Complete work					
Overall					
Notes					

parent signature: _____