(Student's Name) Day at School

Date:_____ \square OT \square Resource \square Speech \square Art \square Music \square PE \square Computer Here is something we learned about at school: I interacted with others: \square Most of the time \square Some of the time \square Not much Here is something I did well, learned or had fun doing: I followed directions/cooperated: \square Most of the time \square Some of the time \square Not much I had trouble with this today: **Notes for Home:**