

Daily Integrity Check

NAME: _____

Date: _____

Self-Ratings of Today's Activities. *(It is important to give an accurate appraisal of the daily activities in order for us to assist teachers with areas of concern. Circle the appropriate number for each of the two items.)*

1. I was able to follow the daily schedule accurately.

Not at all **Some deviation** **Fairly well** **Very well**

2. I was able to implement the lesson plan accurately.

Not at all **Some deviation** **Fairly well** **Very well**

Comments on any difficulties implementing the schedule or lesson plan: