|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Activity/Seating | \*ElectricChair Use | How do you feel?? | Initial |
| Arrival7:30 - 7:50 |  |  | YES NO |  |  |
| Homeroom 7:50 - 8 | Seat: Chair, Floor Classroom chair |  |  |  |  |
| Writing 8-9 | Seat: Chair, Floor Classroom chair |  |  |  |  |
| Reading 9-10  | Seat: Chair, Floor Classroom chair |  |  |  |  |
| Snack 10-10:10 |  |  |  |  |  |
| Related Arts10 -10:50 | Science PE Art Music Seat: Chair, Floor Classroom chair |  | YES NO |  |  |
| Math - 11-12 Group (15-20 min.) Stations 40 min. | Seat: Chair, Floor Classroom chair |  |  |  |  |
| Lunch 12-12:30 |  Box Buy |  | YES NO |  |  |
| Recess 12:35-1 | Activity: SwingClimb Run JumpOther: Time: |  | YES NO |  |  |
| Science/SS 1-1:50 | Seat: Chair, Floor Classroom chair |  |  |  |  |
| Dismissal |  |  | YES NO |  |  |
| Extended Day/After SchoolActivities | Activity: Ext.Day PT Dorothy Describe: | YES NO |  |  |
| End of Day | Reward: | Earned? YES NO |  |  |

**WIL’S ACTIVITY LOG**