SCATTER PLOT

Student											
Date:											
Behavior:											
Respondent:											
Key: ^ = redirected / = required intervention											
	Time optional	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10
	7:30-8										
	8-8:30										
	8:30-9										
	9-9:30										
	9:30-10										
	10-10:30										
	10:30-11										
	11-11:30										
	11:30-12										
	12-12:30										
	12:30-1										
	1-1:30										
	1:30-2										
	2-2:30										
	2:30-3										
Student Sent Home		Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N