

# Story Friends Listening Center Checklist

**Directions:** Each day, check each item on the listening center checklist if it occurs. If an item on the checklist does not occur, please explain why in the Notes section. Record each child's name and your overall impression of his or her behavior in the second column. Explain any unusual occurrences or factors that affected the listen (e.g., a fire drill, significant behavior issues) in your notes.

| Listening Center Checklist   |  | Facilitator _____ | Date _____ |
|--|--|-------------------|------------|
| <input type="checkbox"/> Each child had a book.                                |  |                   |            |
| <input type="checkbox"/> Each child had headphones.                            |  |                   |            |
| <input type="checkbox"/> Correct audio played and functioned properly.         |  |                   |            |
| <input type="checkbox"/> Entire audio played.                                  |  |                   |            |
| <input type="checkbox"/> Each child provided with reinforcement/encouragement. |  |                   |            |
| <input type="checkbox"/> An adult was present at the listening center.         |  |                   |            |

  

| Child ID | Attendance               | Make Up Date | Behavior:                |                          |                          |
|----------|--------------------------|--------------|--------------------------|--------------------------|--------------------------|
|          |                          |              | Mostly on task           | Sometimes distracted     | Interfered with learning |
| _____    | <input type="checkbox"/> | _____        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____    | <input type="checkbox"/> | _____        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____    | <input type="checkbox"/> | _____        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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| _____    | <input type="checkbox"/> | _____        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____    | <input type="checkbox"/> | _____        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| _____    | <input type="checkbox"/> | _____        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____    | <input type="checkbox"/> | _____        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_