

Story Friends Listening Center Checklist

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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 _____	Behavior:		
Child ID	Attendance	Make Up Date	Mostly on task	Sometimes distracted	Interfered with learning	
<input type="checkbox"/> Each child had a book.	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Each child had headphones.	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Correct audio played and functioned properly.	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Entire audio played.	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Each child provided with reinforcement/encouragement.						
<input type="checkbox"/> An adult was present at the listening center.						
Notes: _____						

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