Team Activity Log

School Year _____
Team ID# _____

Please complete one *Event* EVERY time your behavior team meets. List the time you met in one of the three category columns below. If you do staff training (including coaching), please list the number of people trained.

Event #	Date	Team Operations (Includes team meetings and paperwork) (Time in hours and minutes)	Student Focused (Includes observations, building level meetings, plan development, data collection, and follow-up) (Time in hours and minutes)	Staff Focused (Includes inservices, coaching, and consultations with building teams) (Time in hours and minutes)	Number of People trained
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
		Total Time	Total Time	Total Time	Total # Trained

Revised August 2001