

PEDALS Weekly Checklist



Positive Emotional Development
and Learning Skills

Week of:

Site Name:

AM, PM, or full-day?:

of class days during this week:

Second Step Lesson #:

Classroom #:

Lead teacher's name

Second Step Activities: This week, did you complete...?	Check one	
	YES	NO
The Puppet Script		
Story and Discussion		
Skill-Practice Activity 1		
Skill-Practice Activity 2		
Brain Builder Game		
Song		
Practice Opportunities (outside of regularly scheduled Second Step activities)		
Home Link sent home		
Lesson-related children's book If yes, book name and author: _____ (book does not need to be the recommended book, any book related to the lesson can be used)		

	Check one	
	YES	NO
This week, did you complete any PEDALS or social-emotional activities with families other than sending home the Home Link? (e.g., sent home SE info in newsletter, taught family belly breathing at family orientation, sent home SE activity for "homework," etc.) If yes, briefly describe: _____		

Over the week, how often did disruptive behaviors impact your classroom, to where classroom staff had to stop what they were doing to deal with the behaviors? (check one)

VERY rarely or never	Rarely	Sometimes	Often	VERY often

Were there any changes or notable happenings in your classroom this week? (e.g., field trip, new child, substitute teacher, etc.)
