

Home-School Communication Sheet

Student Name: _____

Parent/Caregiver Name: _____

Phone or Email: _____ Week Of: _____

Subject: _____ *Write a check in the box if the student did well. Write an "X" if the student struggled in an area.*

	MON	TUE	WED	THU	FRI
Started work (interest)					
Stayed on task (focus)					
Worked on their own					
Understood work					

Comments:

Subject: _____

	MON	TUE	WED	THU	FRI
Started work (interest)					
Stayed on task (focus)					
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Subject: _____

	MON	TUE	WED	THU	FRI
Started work (interest)					
Stayed on task (focus)					
Worked on their own					
Understood work					

Comments:

I need more help with:
