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)								
Worked on their own								
Understood work								

Copyright 2020, Connecting for Kids, Westlake Ohio | connectingforkids.org

Comments:

Student Name:					
Subject:					
	MON	TUE	WED	THU	FRI
Started work (interest)					
Stayed on task (focus)					
Worked on their own					
Jnderstood work					
Comments:	I			l	
Subject:					
	MON	TUE	WED	THU	FRI
Started work (interest)					
Stayed on task (focus)					
Worked on their own					
Understood work					
Comments:	I			l l	
I need more help with:					