 Student's Name	

DEVELOPING FUNCTIONAL SKILLSThe Home/School Connection

[YEAR]

Dear Parent,
Purpose
Part I: Home/School Communication Log
Part II: Practicing Functional Instruction
Part III: Skills Chart

PART I: HOME/SCHOOL COMMUNICATION LOG

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Part II: Practicing Functional Instruction

Dear Parent/Guardian: Below is a skill that was identified by you as important for your child. Instruction and practice has occurred at school. In order to move the use of the skill from the school environment to the home/community environment, skill practice away from school is important. Please allow your child to practice the skill described below and complete the "Homework" form to record progress for the teacher. Please provide information for "next step" skill training. If you have questions, contact _____ at ____ THE HOME/SCHOOL CONNECTION HOMEWORK Student Name: Date: Skill Practice at Home: Date(s) Practiced at Home: Person Helping: Activity Description: What worked? What did not work? What I need the teacher to work on next that would help my child learn the skill: THE HOME/SCHOOL CONNECTION HOMEWORK Student Name: Date: Skill Practice at Home: Date(s) Practiced at Home: _____ Person Helping: _____ Activity Description: What worked? What did not work? What I need the teacher to work on next that would help my child learn the skill:

THE HOME/SCHOOL CONN	IECTION HOMEWORK
Student Name:	Date:
Skill Practice at Home:	
Date(s) Practiced at Home:	Person Helping:
Activity Description:	
What worked?	
What did not work?	
What I need the teacher to work on next that v	vould help my child learn the skill:
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Student Name: Skill Practice at Home:	Date:
Date(s) Practiced at Home: Activity Description:	Person Helping:
What worked?	
What did not work?	
What I need the teacher to work on next that w	vould help my child learn the skill:

THE HOME/SCHOOL CONN	ECTION HOMEWORK
Student Name:	Date:
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Date(s) Practiced at Home: Activity Description:	Person heiping.
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Date(s) Practiced at Home:	Person Helping:
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Date(s) Practiced at Home:	Person Helping:
Activity Description:	
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Activity Description:	
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Student Name:	Date:
Skill Practice at Home:	
Date(s) Practiced at Home:	Person Helping:
Activity Description:	
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What did not work?	
What I need the teacher to work on nex	ct that would help my child learn the skill:

Part III: Skill Chart

Skill Description	Date Begun	Date Mastered

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