

Home Activity Sheet

Child's Name _____ Date _____

Teacher's Name _____

The objective _____ has been working on
is _____

Here are some activities to try at home:

Evaluation of Home Activity

Please complete, detach and return to classroom upon completion of activity.

Child's Name Date

Things my child liked :

Things my child didn't like:

Things my child did well:

Things my child had trouble with:

Additional comments: