


What I did at Home

Student's Name: _____ **Date:** _____

For dinner I ate... 	On TV I watched... 	We had a change... <input type="checkbox"/> In medication <input type="checkbox"/> In our schedule <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
I played with... 	I went to bed at _____ PM <input type="checkbox"/> I couldn't go to sleep on time <input type="checkbox"/> I slept through the night <input type="checkbox"/> I woke up during the night at _____ <input type="checkbox"/> Other _____	My behavior was... <input type="checkbox"/> About average <input type="checkbox"/> Above average <input type="checkbox"/> Fantastic <input type="checkbox"/> Oops, I'll try harder tomorrow <input type="checkbox"/> Other _____
We went to... 	Our visitors were... 	Check my bag for... <input type="checkbox"/> Lunch money <input type="checkbox"/> Medication <input type="checkbox"/> Pull ups/diapers <input type="checkbox"/> Food <input type="checkbox"/> Signed form <input type="checkbox"/> Money for a trip <input type="checkbox"/> Change of clothes <input type="checkbox"/> Other _____

Additional Information...

Parent's Signature: _____