



WEEKLY DISTANCE LEARNING TRACKING SHEET - 2020
WEEK OF: _____

Domain	Notes
<p>Academic/Cognitive</p> <p><i>How did your child respond to instruction/services this week?</i></p>	<p><input type="checkbox"/> Baseline:</p> <p><input type="checkbox"/> Instruction/Services:</p> <p><input type="checkbox"/> Progress:</p> <p><input type="checkbox"/> Other:</p>
<p>Social/Behavioral</p> <p><i>How did your child respond to instruction/services this week?</i></p>	<p><input type="checkbox"/> Baseline:</p> <p><input type="checkbox"/> Instruction/Services:</p> <p><input type="checkbox"/> Progress:</p> <p><input type="checkbox"/> Other:</p>

Child's Name: _____

Grade: _____

Please note: This document is to facilitate collaborative data collection with you and your school team.
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WEEK OF:

<p>Communication</p> <p><i>How did your child respond to instruction/services?</i></p>	<p><input type="checkbox"/> Baseline:</p> <p><input type="checkbox"/> Instruction/Services:</p> <p><input type="checkbox"/> Progress:</p> <p><input type="checkbox"/> Other:</p>
<p>Gross/Fine Motor</p> <p><i>How did your child respond to instruction/services this week?</i></p>	<p><input type="checkbox"/> Baseline:</p> <p><input type="checkbox"/> Instruction/Services:</p> <p><input type="checkbox"/> Progress:</p> <p><input type="checkbox"/> Other:</p>

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<p>Postsecondary Education/Training</p> <p><i>How did your child respond to instruction/services this week?</i></p>	<p><input type="checkbox"/> Baseline:</p> <p><input type="checkbox"/> Instruction/Services:</p> <p><input type="checkbox"/> Progress:</p> <p><input type="checkbox"/> Other:</p>
<p>Self-help</p> <p><i>How did your child respond to instruction/services this week?</i></p>	<p><input type="checkbox"/> Baseline:</p> <p><input type="checkbox"/> Instruction/Services:</p> <p><input type="checkbox"/> Progress:</p> <p><input type="checkbox"/> Other:</p>

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<p>Employment</p> <p><i>How did your child respond to instruction/services this week?</i></p>	<p><input type="checkbox"/> Baseline:</p> <p><input type="checkbox"/> Instruction/Services:</p> <p><input type="checkbox"/> Progress:</p> <p><input type="checkbox"/> Other:</p>
<p>Independent Living</p> <p><i>How did your child respond to instruction/services this week?</i></p>	<p><input type="checkbox"/> Baseline:</p> <p><input type="checkbox"/> Instruction/Services:</p> <p><input type="checkbox"/> Progress:</p> <p><input type="checkbox"/> Other:</p>

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<p>Health</p> <p><i>How did your child respond to instruction/services this week?</i></p>	<p><input type="checkbox"/> Baseline:</p> <p><input type="checkbox"/> Instruction/Services:</p> <p><input type="checkbox"/> Progress:</p> <p><input type="checkbox"/> Other:</p>
<p>Other (specify below)</p> <p>_____</p> <p><i>How did your child respond to instruction/services this week?</i></p>	<p><input type="checkbox"/> Baseline:</p> <p><input type="checkbox"/> Instruction/Services:</p> <p><input type="checkbox"/> Progress:</p> <p><input type="checkbox"/> Other:</p>

Child's Name: _____

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