

STUDENT REMOTE LEARNING RECORD

STUDENT NAME: _____

WEEK: _____

| DATE/TIME | CONTACT | SUBJECT/CLASS/TEACHER | PARTICIPATION | NOTES |
|------------------|--|-----------------------|---|-------|
| MONDAY | <ul style="list-style-type: none"> <input type="radio"/> Email <input type="radio"/> Phone <input type="radio"/> Online <input type="radio"/> TV/other | Length of Session: | <ul style="list-style-type: none"> <input type="radio"/> Participated <input type="radio"/> Listened <input type="radio"/> Responded <input type="radio"/> Did not Engage | |
| TUESDAY | <ul style="list-style-type: none"> <input type="radio"/> Email <input type="radio"/> Phone <input type="radio"/> Online <input type="radio"/> TV/other | Length of Session: | <ul style="list-style-type: none"> <input type="radio"/> Participated <input type="radio"/> Listened <input type="radio"/> Responded <input type="radio"/> Did not Engage | |
| WEDNESDAY | <ul style="list-style-type: none"> <input type="radio"/> Email <input type="radio"/> Phone <input type="radio"/> Online <input type="radio"/> TV/other | Length of Session: | <ul style="list-style-type: none"> <input type="radio"/> Participated <input type="radio"/> Listened <input type="radio"/> Responded <input type="radio"/> Did not Engage | |
| THURSDAY | <ul style="list-style-type: none"> <input type="radio"/> Email <input type="radio"/> Phone <input type="radio"/> Online <input type="radio"/> TV/other | Length of Session: | <ul style="list-style-type: none"> <input type="radio"/> Participated <input type="radio"/> Listened <input type="radio"/> Responded <input type="radio"/> Did not Engage | |
| FRIDAY | <ul style="list-style-type: none"> <input type="radio"/> Email <input type="radio"/> Phone <input type="radio"/> Online <input type="radio"/> TV/other | Length of Session: | <ul style="list-style-type: none"> <input type="radio"/> Participated <input type="radio"/> Listened <input type="radio"/> Responded <input type="radio"/> Did not Engage | |
| WEEKEND | <ul style="list-style-type: none"> <input type="radio"/> Email <input type="radio"/> Phone <input type="radio"/> Online <input type="radio"/> TV/other | | <ul style="list-style-type: none"> <input type="radio"/> Participated <input type="radio"/> Listened <input type="radio"/> Responded <input type="radio"/> Did not Engage | |
| Other Activities | | | | |

QUESTIONS? info@fcsn.org

Federation for Children with Special Needs – www.fcsn.org