



HOME-SCHOOL COLLABORATION: Parent Preference

Section A:

☒ *What is your preferred type of contact?*

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Weekly phone calls | <input type="checkbox"/> Monthly phone call | <input type="checkbox"/> Open house |
| <input type="checkbox"/> Weekly email | <input type="checkbox"/> Monthly email | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Weekly note sent home | <input type="checkbox"/> Monthly note sent home | |

☒ *What part of the day would you like to know about?*

Academics

- Reading
- Math
- Other _____

Behavior

- Attention
- Mood
- Inappropriate Behaviors
(self-injurious, aggression,
vocalization)
- Other _____

Functional Skill Development

- Self-help (eating, toileting)
- Communication
- Social Skills
- Play/Leisure Skills
- Other _____

Section B:

☒ *What would you like to see come home?*

- Samples of work
- Summary of progress in academics, behaviors, functional skills
- Digital pictures of types of work completed

☒ *How often should work be sent home?*

- Weekly Every other week Monthly

Notes:

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