Home to School Communication

**Please let us know how your child's afternoon, night and early morning hours were so that we can be aware of any difficulties, concerns, and/or progress he/she has made. Thank you.

OVERALL AFTERNOON	NIGHT	MORNING	HOMEWORK
great	slept well	woke easily	independent
good	woke often	tired	with assistance
fair	did not sleep	happy	difficult
difficult	sick	silly	unable to com-
uneven/varied	difficulty going to bed	ate breakfast	plete work
_____	_____	NO breakfast	_____

* Please write any other additional and more detailed information below (early dismissal, school absence, sleep or other changes, exciting event(s), child feeling sick/tired, mood changes, homework questions/concerns, successes at home or out and about, etc.). Thank you.