**Student** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your child has been working on the skill of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**The following materials are attached to help you support your child in showing this skill at home:**

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| --- |
|  |

**The following tips, examples and skill steps may be used to help your child show this skill at home:**

|  |
| --- |
|  |

**Please help your child learn this skill by . . .**

* Reviewing the attached worksheet with skill steps.
* Practicing the skill with your child.
* Discussing times and situations this skill may be helpful.
* Agreeing to a time to practice the skill.
* Praising your child for using the skill.
* Reminding your child to use this skill when the skill could be helpful.
* Providing the teacher with feedback and suggestions to improve this lesson

**Please sign and return this form to your child’s homeroom teacher.**

Thank you!

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher signature Parent/guardian signature

**How well did social skills practice go at home (circle one)?**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Poorly or not at all
 | 1. Fairly
 | 1. Well
 | 1. Very well
 |

**What other information or support would be helpful in practicing social skills at home?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**