

HOME/SCHOOL COMMUNICATION FORM

Student Name: _____

Date: _____

Student Responsibility	Parent
<input type="checkbox"/> Checked Infinite Campus <input type="checkbox"/> Checked my "To do List" Student Signature: _____	Parent Signature: _____

History Assignment	Parent Verification
History: _____	<input type="checkbox"/> Saw completed assignment <input type="checkbox"/> Parent initials: _____
<input type="checkbox"/> Due date: _____ <input type="checkbox"/> I completed it. <input type="checkbox"/> It's in my backpack. <input type="checkbox"/> Time spent studying: _____ <input type="checkbox"/> Time spent on assignment: _____	Teacher Verification
	<input type="checkbox"/> Turned work into teacher. Teacher initials: _____

Math Assignment	Parent Verification
Math: _____	<input type="checkbox"/> Saw completed assignment <input type="checkbox"/> Parent initials: _____
<input type="checkbox"/> Due date: _____ <input type="checkbox"/> I completed it. <input type="checkbox"/> It's in my backpack. <input type="checkbox"/> Time spent studying: _____ <input type="checkbox"/> Time spent on assignment: _____	Teacher Verification
	<input type="checkbox"/> Turned work into teacher. Teacher initials: _____

Science Assignment	Parent Verification
Science: _____	<input type="checkbox"/> Saw completed assignment <input type="checkbox"/> Parent initials: _____
<input type="checkbox"/> Due date: _____ <input type="checkbox"/> I completed it. <input type="checkbox"/> It's in my backpack. <input type="checkbox"/> Time spent studying: _____ <input type="checkbox"/> Time spent on assignment: _____	Teacher Verification
	<input type="checkbox"/> Turned work into teacher. Teacher initials: _____

English/ Reading Assignment	Parent Verification
Reading: _____	<input type="checkbox"/> Saw completed assignment <input type="checkbox"/> Parent initials: _____
<input type="checkbox"/> Due date: _____ <input type="checkbox"/> I completed it. <input type="checkbox"/> It's in my backpack. <input type="checkbox"/> Time spent studying: _____ <input type="checkbox"/> Time spent on assignment: _____	Teacher Verification
	<input type="checkbox"/> Turned work into teacher. Teacher initials: _____
English/Language Arts Assignment	Parent Verification
Writing and Grammar: _____	<input type="checkbox"/> Saw completed assignment <input type="checkbox"/> Parent initials: _____
<input type="checkbox"/> Due date: _____ <input type="checkbox"/> I completed it. <input type="checkbox"/> It's in my backpack. <input type="checkbox"/> Time spent studying: _____ <input type="checkbox"/> Time spent on assignment: _____	Teacher Verification
	<input type="checkbox"/> Turned work into teacher. Teacher initials: _____

Upcoming projects: _____

Comments: _____
