

NATIONAL PARTNERSHIP FOR QUALITY AFTERSCHOOL LEARNING

www.sedl.org/afterschool/toolkits

AFTERSCHOOL TRAINING TOOLKIT

Homework Log

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The afterschool provider (ASP) should complete this form, copy it, and give it to the day-school teachers and the parents.

Date: _____ Name of Student: _____ Grade: _____

Parent or Guardian: _____ Phone: _____

Parent/Guardian E-mail address: _____

School: _____ School Phone: _____

| | | | | |
|---|--|--|--|--|
| Subject | | | | |
| Teacher's name | | | | |
| Assignment | | | | |
| Amount of time student worked | | | | |
| Level of Independence | <input type="checkbox"/> No help <input type="checkbox"/> Limited help <input type="checkbox"/> Much help | <input type="checkbox"/> No help <input type="checkbox"/> Limited help <input type="checkbox"/> Much help | <input type="checkbox"/> No help <input type="checkbox"/> Limited help <input type="checkbox"/> Much help | <input type="checkbox"/> No help <input type="checkbox"/> Limited help <input type="checkbox"/> Much help |
| Nature of help provided | <input type="checkbox"/> Clarify assignments <input type="checkbox"/> Maintain focus or re-focus <input type="checkbox"/> Problem-solving skills <input type="checkbox"/> Reading skills <input type="checkbox"/> Writing skills <input type="checkbox"/> Other _____ | <input type="checkbox"/> Clarify assignments <input type="checkbox"/> Maintain focus or re-focus <input type="checkbox"/> Problem-solving skills <input type="checkbox"/> Reading skills <input type="checkbox"/> Writing skills <input type="checkbox"/> Other _____ | <input type="checkbox"/> Clarify assignments <input type="checkbox"/> Maintain focus or re-focus <input type="checkbox"/> Problem-solving skills <input type="checkbox"/> Reading skills <input type="checkbox"/> Writing skills <input type="checkbox"/> Other _____ | <input type="checkbox"/> Clarify assignments <input type="checkbox"/> Maintain focus or re-focus <input type="checkbox"/> Problem-solving skills <input type="checkbox"/> Reading skills <input type="checkbox"/> Writing skills <input type="checkbox"/> Other _____ |
| Degree of completion | <input type="checkbox"/> Completed <input type="checkbox"/> Worked on, but did not complete <input type="checkbox"/> Did no work | <input type="checkbox"/> Completed <input type="checkbox"/> Worked on, but did not complete <input type="checkbox"/> Did no work | <input type="checkbox"/> Completed <input type="checkbox"/> Worked on, but did not complete <input type="checkbox"/> Did no work | <input type="checkbox"/> Completed <input type="checkbox"/> Worked on, but did not complete <input type="checkbox"/> Did no work |
| Reason for non-completion | <input type="checkbox"/> Didn't understand <input type="checkbox"/> Not enough time <input type="checkbox"/> Other things to do <input type="checkbox"/> Other _____ | <input type="checkbox"/> Didn't understand <input type="checkbox"/> Not enough time <input type="checkbox"/> Other things to do <input type="checkbox"/> Other _____ | <input type="checkbox"/> Didn't understand <input type="checkbox"/> Not enough time <input type="checkbox"/> Other things to do <input type="checkbox"/> Other _____ | <input type="checkbox"/> Didn't understand <input type="checkbox"/> Not enough time <input type="checkbox"/> Other things to do <input type="checkbox"/> Other _____ |
| Observations and comments on mastery of concepts, areas of need, strengths, or next steps | | | | |
| ASP Initials | | | | |