2022/23 Parent Clinic Recording Sheet

**Student Name:**

***Strategies for Bridging the Home to School Connection:***

* This is an opportunity to share your child’s challenging home behaviors and problem-solve together with the team.
  + Example: My child refuses to sit at the dinner table.
* Opportunity to share with the team your child’s achievements: socially, academically and behaviorally within the school and home environments.
* For parents to discuss with the team any upcoming possible home challenges or events that would require school support.
* When applicable, opportunity for school staff to demonstrate/model student skills that can be practiced at home (through discussion, videos, and/or live demonstration/interaction with student).
  + Example: Washing hands
* Notes will be taken by a team member and parents will be provided a copy for future referencing.

**Date of Clinic**: \_\_\_\_\_\_\_\_\_\_\_\_

**Parent Input Prior to Clinic:**

Identify one area of focus for your child that you would like to discuss in your upcoming Parent Clinic:

**Teacher Agenda for the Parent Clinic:**

**Items that Require Follow Up:**

|  |  |  |
| --- | --- | --- |
| Items Required | Person Responsible | Date of Follow Up |
| Parent Clinic Notes | Staff |  |
|  |  |  |