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| **FAMILY NAME:** **BUILDER:** | | | | |
| Date: | | | Visit # | Essential Skills Checklist |
| Activity Done  Played Game(s)  Read Book(s)  Craft(s)  Puzzle(s)  Diagnostic  Other | | Area Addressed  Speech  Behaviours  Spelling  Reading  Letter Recognition  Number Recognition  Colour Recognition  Other | Progress  Caregiver was participating  Caregiver followed through  on idea(s) given  Reviewed Material  Handed out Resources  Referral made*(Complete referral sheet)*  Reviewed Goals  Other | Reading Text  Writing  Oral Communication  Document Use  Thinking Skills  Continuous Learning  Working With Others  Numeracy  Computer Use |
| Builder Notes: | | | | Item(s) Borrowed |
|  | | | |  |
|  | | | | Item(s) Returned |
|  | | | |  |
| Date: | | | Visit # | Essential Skills Checklist |
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