

Building Blocks Daily Log / Essential Skills Sheet

**FAMILY NAME:**

**BUILDER:**

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