

**NATIONAL PARTNERSHIP FOR QUALITY AFTERSCHOOL LEARNING**

www.sedl.org/afterschool/toolkits

**AFTERSCHOOL TRAINING TOOLKIT**

**Homework Log**

.....

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				