

Paper Reflection Form

School		Grade Level	
		Date of Visit/	/
Type of Visi	t		
	Home Visit		
	Outside/Yard Visit		
	Phone Call		
	Video Call		
Tell us what	you did, said, and learned during	this visit (1 sentence per grade level).	
☐ By check	ing this box, I am confirming that	t one of my parents attended this visit	with me.
Optional: D	ring my visit, my parent		