



LOWER SCHOOL HOMEWORK TRACKING FORM

*At your discretion, please choose *one* of the following weeks in the 2nd quarter to record your child's nightly homework: November 9-13, November 16-20, November 30-December 4, December 7-11, or December 14-18. Please complete and return to your child's homeroom teacher on Friday of the week you select to track.

Student's Name: _____

Homeroom Teacher: _____

Homework Tracked the Week of _____

Minutes Spent on Homework/Night:

	Spelling	Other Language Arts	Reading	Math	Bible	Other (specify)
Monday						
Tuesday						
Wednesday						
Thursday						

Has the material assigned for homework been discussed in class? (please circle) **YES** **NO**

My child understood the homework assignment. (please circle) **YES** **NO**

Parent Comments:

Parent Signature: _____ Date: _____