

CDI Homework Sheet

Caregiver Name _____

Child's Name _____

| Date | Did you practice for 5 minutes this day? | | Activity | Problems or Questions during this Special Time |
|--------------------|--|----|----------|--|
| | Yes | No | | |
| Monday _____ | | | | |
| Tuesday _____ | | | | |
| Wednesday _____ | | | | |
| Thursday _____ | | | | |
| Friday _____ | | | | |
| Saturday _____ | | | | |
| Sunday _____ | | | | |