



Remote Learning Data Collection

Student: _____ Class/Period: _____ Teacher: _____ Dates: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Assignment:					
Accommodations/support from school					
Supports provided by parent					
Time student spent on task					
Hand-over-hand assistance needed to complete assignment?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Assignment completed?	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
List of issues experienced: (i.e., organization, engagement, directions)					
Accommodations needed:					