



Home Instruction Schools
RECORD of ATTENDANCE and SCHOLASTIC ACHIEVEMENT
Day Registers Alternate Assessment Students in Grades K – 12

STUDENT _____ OSIS _____ DOB _____ Month _____ Year 20____
(Last Name, First Name)

[] Elementary [] Secondary

Teacher's Name (Print) _____ *Signature* _____ BOROUGH _____

Assistant Principal _____ # of Lessons This Month: Present _____ Absent _____

Receptive/Expressive Language Skills
Mode of Communication: (Check all that apply):

Objects
Eye Gaze

Pictures
Verbal

Communication Device
Other

Report of Progress (1-5) 5- Goal met 4- Progress made; goal not yet met 3- Little progress made 2-No progress made 1- Not applicable during this grading system

Sensory Skills: _____

Social/Emotional: _____

Fine Motor Skills: _____

Language/Communication Skills: _____

Gross Motor Skills: _____

Functional Reading Skills: _____

Fine Motor Skills: _____

Other IEP Goals: _____

Additional Comments:

Other IEP Goals: _____

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